

VIRGIN ISLANDS DEPARTMENT OF LABOR
DISASTER UNEMPLOYMENT INSURANCE (DUA)
BREADWINNER – HEAD OF HOUSEHOLD APPLICATION

Disaster Name: _____ Disaster No.: _____

Claimant Name: _____ SS#: _____

Agency Official: _____ Tel.: _____

A. APPLICANT REQUEST

Last Day of Work: _____ Last Occupation: _____

Name and Address of Last employer (including county):

Name: _____

Address: _____

City: _____ County: _____ State: _____ ZIP: _____

1. This application is made for **DISASTER UNEMPLOYMENT ASSISTANCE** for the period of unemployment resulting from the disaster that began on _____.
2. Was your unemployment caused by the disaster? _____

B. RETROACTIVE FILING

1. Complete the coupon(s) below for all of the weeks, following the date of the disaster, that you were totally or partially unemployed **due to the disaster**. **INCLUDE** gross earnings from employment **AND** from self-employment.

Claiming benefits for week(s) ending Sunday	MN TU WE TH FR ST SN	MN TU WE TH FR ST SN	MN TU WE TH FR ST SN
a. Did you work (including self-employment)? If "YES," indicate the day(s). Including self employment, did you earn more than \$420 in gross wages?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b. Were there any days you were not ready, willing or able to work? If "YES," indicate the day(s).	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c. Did you refuse any job offer or job referral?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Claiming benefits for week(s) ending Sunday	MN TU WE TH FR ST SN	MN TU WE TH FR ST SN	MN TU WE TH FR ST SN
a. Did you work (including self-employment)? If "YES," indicate the day(s). Including self employment, did you earn more than \$420 in gross wages?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b. Were there any days you were not ready, willing or able to work? If "YES," indicate the day(s).	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c. Did you refuse any job offer or job referral?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

VIRGIN ISLANDS DEPARTMENT OF LABOR
DISASTER UNEMPLOYMENT INSURANCE (DUA)
BREADWINNER – HEAD OF HOUSEHOLD APPLICATION

Disaster No.: _____

SS#: _____

2. For the weeks you identified on the previous page:
- a. Did you apply for or receive unemployment insurance under any State or Federal law (including Extended Benefits)? YES NO
- b. Were any amounts payable to you;
- (1) from any source for loss of wages due to illness or disability? YES NO
- (2) from any type of private income protection insurance? YES NO
- (3) as a supplemental unemployment benefit (SUB)? YES NO
3. Were you able and available for work during these weeks? YES NO
4. Did you accept all work offered during these weeks? YES NO

C. SUPPLEMENTAL APPLICATION FOR DISASTER UNEMPLOYMENT ASSISTANCE
BREADWINNER OR HEAD OF HOUSEHOLD

1. Have you become the breadwinner or major support because the head of household has died as a direct result of the major disaster? YES NO
2. Was the deceased the head of the household? YES NO
3. Did the head of household die as a direct result of the major disaster? YES NO
4. Has the applicant entered the labor market and begun seeking suitable work? YES NO
5. Please supply the following information Regarding the Deceased Head of Household.

Name: (*Last, First, Middle*) _____ SS#: _____

U.S. Citizen? YES NO: Date of entry: _____

What were the circumstances of the death of head of household?

6. Is there any reason you cannot accept full-time employment? YES NO
If "YES," please explain.
7. Did you apply for or receive, or would you have been eligible to receive if you had applied for, any of the following? YES NO
If "YES," please check all applicable boxes.
- | | |
|--|--|
| <input type="checkbox"/> Illness Or Disability Insurance | <input type="checkbox"/> Private Income Protection Insurance |
| <input type="checkbox"/> Supplemental Unemployment Benefits | <input type="checkbox"/> Retirement Pension Or Annuity |
| <input type="checkbox"/> Survivors Benefits Paid By Workers Compensation | <input type="checkbox"/> Social Security Benefits |
| <input type="checkbox"/> Other: (<i>SPECIFY</i>) | |

VIRGIN ISLANDS DEPARTMENT OF LABOR
DISASTER UNEMPLOYMENT INSURANCE (DUA)
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Disaster No.: _____

SS#: _____

8. If you were injured or were ill as a direct result of the disaster, please answer the following questions.

Date you were or expect to be able and available for work: _____

Date the injury/illness began: _____

Description of the injury/illness, how it occurred and explain if you are not able and available for work.

III. APPLICANT CERTIFICATION

*I certify that the information I have given on this form is correct. I have supplied the information voluntarily in order to obtain **DISASTER UNEMPLOYMENT ASSISTANCE**. I know that Federal funds are provided and that penalties are prescribed by law for willful misrepresentation or concealment of material facts in order to obtain assistance payments which I am not entitled to receive under the act. I understand that if it is determined that I am not eligible for benefits I have a right to a hearing before an administrative law judge at no cost or obligation. Failure to repay any benefits that I received because I withheld information or gave false information to the Department of Labor may result in the Department of Labor taking legal action to file a judgment against me. Once entered, a judgment is good and can be used against me for twenty years, and my money, including a portion of my paycheck and/or bank account, may be taken. Also, a judgment will hurt my credit score and can affect my ability to rent a home, find a job, or take out a loan.*

ABOVE STATEMENT WAS READ TO THE CLAIMANT. THE CLAIMANT AGREED WITH THE STATEMENT.

VIRGIN ISLANDS DEPARTMENT OF LABOR
INITIAL APPLICATION FOR
DISASTER UNEMPLOYMENT ASSISTANCE (DUA)

FOR OFFICE USE	
Local Office No.	Residence FIPS
FEMA No.	Date Filed
Last Day Worked	Announcement Date

Applicant's Name (Last, First, Middle)		Social Security No.	
Street Address			
City	State	Zip Code	County Name
Telephone No.	E-mail address	Date of Birth (Mo., Day, Yr.)	

Are you a student? Yes No

Do you have a disability? Yes No Refused

Are you a U.S. Citizen? Yes No

If "No" Alien Registration No. _____

Sex Male Female

Ethnic Group (For Statistical Purposes Only). Indicate by selecting one of the following:

Hispanic or Latino Choose not to answer

Race (For Statistical Purposes Only). Indicate by selecting one of the following:

White Black or African American
 Asian American Indian or Alaska Native
 Pacific Islander or Native Hawaiian Choose not to answer

A. SELF-EMPLOYED APPLICANTS (Complete this form and also Supplement to Application for DUA Self-Employed Individual)

If all income is from a business or farm that is incorporated you are not considered self-employed.

At the time of the disaster:

1. a. Were you self-employed? Yes No If "Yes", date self-employment began? _____
- b. If you were not self-employed, were you to begin self-employment? Yes No If yes, explain in "Remarks."

B. CORPORATE OFFICER APPLICANTS

1. Are you a corporate officer (including S Corporations) or an owner of a corporation? Yes No

C. EMPLOYED APPLICANTS

As a result of the disaster:

1. Was your place of employment closed? Yes No
 If "Yes", reason for closure _____

 Date Closed: _____ Date Reopened: _____
2. Were you unable to reach your place of employment? Yes No

D. ALL APPLICANTS

1. Were you injured as a result of the disaster? Yes No 2. Did you become the head of a household due to a death caused by the disaster? Yes No
 If yes, explain in "Remarks."
3. Was your employment seasonal? Yes No If "Yes", date season typically began: _____ Date season typically ended: _____
4. Were you to start a new job? Yes No If "Yes", date you were to begin work: _____
 Reason you could not start: Unable to reach job Business closed Other If Other, explain in "Remarks."
 Rate of pay you were to receive \$ _____ per _____ Number of hours per week you were to work _____
 Name and address of prospective employer

 _____ County Name: _____
 Telephone No. _____

E. OTHER COMPENSATION

Have you applied for or will you receive:	Applied		Receiving			Monthly Amount	Period Covered (Mo., Day, Yr.)	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending		From	To
Any state, federal or railroad UI?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending	\$ _____	_____	_____
Compensation for disability or illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending	\$ _____	_____	_____
Private income protection insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending	\$ _____	_____	_____
Holiday or vacation pay?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending	\$ _____	_____	_____
Pension or retirement benefits? (Not including Social Security)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending	\$ _____	_____	_____

F. EMPLOYER (OR BUSINESS) NAME AT THE TIME OF THE DISASTER			
Street Address		Dates of Employment From _____ To _____	
City	State	Zip Code	
County Name		Telephone No.	
Occupation with this Employer		Next Date You Would Have Worked if Not for Disaster (Mo., Day, Yr.)	
G. APPLICANT EMPLOYMENT OR SELF-EMPLOYMENT DURING TAX YEAR <u>2016</u> (MOST RECENT TAX YEAR PRIOR TO DISASTER) **Self-employment: Include all net income from non-incorporated self-employment. Do not include income that is on Internal Revenue Service Form 4835 or Form 4797.			
1. Name and Address of Employer (Check if Self-Employment <input type="checkbox"/>)		Telephone No.	No. of Hours Worked Per Week
		Period Worked: From _____ To _____	Documentation
		Total Earnings or Net Income from Self-Employment **	
		No. of Weeks Earnings Equal or Exceed \$165	
2. Name and Address of Employer (Check if Self-Employment <input type="checkbox"/>)		Telephone No.	No. of Hours Worked Per Week
		Period Worked: From _____ To _____	Documentation
		Total Earnings or Net Income from Self-Employment **	
		No. of Weeks Earnings Equal or Exceed \$165	
3. Name and Address of Employer (Check if Self-Employment <input type="checkbox"/>)		Telephone No.	No. of Hours Worked Per Week
		Period Worked: From _____ To _____	Documentation
		Total Earnings or Net Income from Self-Employment **	
		No. of Weeks Earnings Equal or Exceed \$165	

H. CHECK LIST

- Proof of self-employment earnings for the most recent tax year (**IRS Form 1040** with Schedule C, C-EZ, F, or SE if partnership or incorporated also include 1065 or 1120s with Schedule K1)
- Proof of wages immediately preceding the disaster (Last paystub prior to the disaster)
- Proof self-employed applicant's business was in operation the week prior to the disaster (Sales receipts, delivery notices, contracts, payment invoices, etc. NOTE: only one document is required)
- Documentation of court ordered garnishment, if applicable
- Documentation to substantiate employment or self-employment was to begin at the time of the disaster (Written notice from prospective employer, rental agreement, contracts, etc.)
- Medical documentation to substantiate that an injury was sustained during the disaster

I CERTIFY that all of the information I have given on this application and forms related to this application is correct to the best of my knowledge and belief and that I have supplied this information in order to obtain DISASTER UNEMPLOYMENT ASSISTANCE (DUA). I understand that Federal funds are provided and that under 18 U.S.C. 1001 I may be subject to prosecution for willfully concealing material facts or knowingly making a false statement to obtain DUA to which I am not entitled. I am furnishing my Social Security Number as required under 26 U.S.C. 6109(d) for purposes of reporting DUA as federal taxable income and for determining my entitlement to DUA. I UNDERSTAND, in accordance with 20 CFR 625.16(b), that information concerning my DUA application may be disclosed only as is allowed with respect to regular compensation under state law and to the U.S. Department of Labor.

Signature of Applicant _____ Date _____

Signature of Agency Official _____ Date _____

**DISASTER UNEMPLOYMENT ASSISTANCE (DUA) FACT-FINDING QUESTIONNAIRE
VIRGIN ISLANDS DEPARTMENT OF LABOR**

APPLICANT'S NAME: _____

SOCIAL SECURITY NUMBER: _____

Please complete all items. Failure to complete all items may delay processing of your claim.

1. Please provide a telephone number and e-mail address where you can be reached in case we need to contact you to clarify your answers.

Home Telephone No.: () _____ - _____ Work Telephone No.: () _____ - _____

Temporary telephone number due to the disaster: () _____ - _____

E-mail address: _____

2. Was your unemployment a direct result of the disaster? Yes No

3. State the specific cause of unemployment. _____

4. a. Did you contact your employer to see if work is available for you? Yes No

b. If yes, what date(s) did you contact your employer? _____

5. a. On what dates was work available? _____

- b. Did you accept all work available to you? Yes No

c. If no, why not? _____

6. a. If work was available with your employer, did you stay home from work **solely** to attend to the disaster-related damage to your home? Yes No

b. If yes, what dates? _____

7. a. Was your primary means of transportation to work available? Yes No

If no, state why and the dates it was unavailable. _____

- b. Were alternate means of transportation available? Yes No

If yes, did you use those alternate means of transportation? Yes No

If no, state why. _____

- c. If you do not have transportation, is it because you left the area to stay somewhere other than an evacuation center? Yes No

8. a. Were/Are the roads you use to go to work open? Yes No

If no, state which roads were closed and the dates they were closed. _____

- b. Were alternate routes to go to work available? Yes No

- c. If yes, did you use the alternate routes? Yes No

If no, state why. _____

9. a. Did you or will you receive payment for any period after your last day of work? Yes No
b. If yes, what does this payment represent (sick, holiday, vacation, etc.) and who is this payment from? _____

c. List the days you are being paid for and the gross amounts.

Date(s) _____	Paid _____	Date(s) _____	Paid _____
Date(s) _____	Paid _____	Date(s) _____	Paid _____
Date(s) _____	Paid _____	Date(s) _____	Paid _____
Date(s) _____	Paid _____	Date(s) _____	Paid _____

10. Are you receiving a pension or other retirement pay, not including Social Security? Yes No
If yes, what type of payment are you receiving and what is the amount? _____

11. Was your employment your primary source of earned income? Yes No
Examples of primary income sources are Social Security, pension, alimony, other work or business.
If your employment was not your primary source of income, explain. _____

12. a. If you were not employed at the time of the disaster, did you have a definite promise to begin work? Yes No
b. If yes, what date were you to start? _____
c. Name, address, and phone number of the company. _____

13. a. Were you injured as a result of the disaster? Yes No
b. If yes, what is the injury? _____
c. What is the period of disability? _____
d. Did the injury prevent you from working? Yes No (Doctor's statement must be provided if requested).

14. a. Are you a full-time student? Yes No
b. If yes, indicate the name of school and number of hours in attendance per week. _____

15. a. Was your employment seasonal? Yes No
b. If yes, date season typically began _____, date season typically ended _____.

I certify that the information I have given on this form is correct and that I have supplied the information voluntarily in order to obtain DISASTER UNEMPLOYMENT ASSISTANCE. I know that Federal funds are provided and that penalties are prescribed by law for willful misrepresentation or concealment of material facts in order to obtain assistance payments to which I am not entitled to receive under the Act.

Applicant's Signature _____ Date _____

Agency Official Signature _____ Date _____