



PR-AD-1
 Rev. 02/2020

**APPLICATION FOR DISASTER UNEMPLOYMENT ASSISTANCE
 DISASTER REMEDIAL LAW OF 1974**

SOCIAL SECURITY NUMBER: _____

NAME: _____

I AM REQUESTING DISASTER UNEMPLOYMENT ASSISTANCE, FOR THE PERIOD OF UNEMPLOYMENT CAUSED BY THE DISASTER THAT BEGAN ON: _____.

I AM UNEMPLOYED FOR THE FOLLOWING REASON (EXPLAIN IN DETAIL):

DO YOU HAVE A PHYSICAL DISABILITY CAUSED BY THE DISASTER? ___ YES ___ NO

MY SALARY OR INCOME WHILE SELF-EMPLOYED WAS: \$ _____ WEEKLY.

\$ _____ MONTHLY.

DURING THE PERIOD OF 13 WEEKS PRIOR TO THE DATE OF THE DISASTER, I WORKED _____ WEEKS AND EARNED A SALARY OR INCOME FOR SELF-EMPLOYMENT IN THE AMOUNT OF: \$ _____.

WARNING: LAW DICTATES SEVERE PENALTIES TO CLAIMANTS WHO PROVIDE FALSE INFORMATION IN ORDER TO OBTAIN BENEFITS.

I CERTIFY: THAT THE INFORMATION I HAVE PROVIDED IS CORRECT, THAT I UNDERSTAND THE PENALTIES THE LAW IMPOSES FOR SUBMITTING FALSE INFORMATION IN ORDER TO OBTAIN PAYMENT OF BENEFITS I HAVE NO RIGHT TO RECEIVE, AND THAT I WAS GIVEN THE NOTIFICATION REQUIRED BY THE PRIVACY ACT OF 1974.

CLAIMANT'S SIGNATURE _____

DATE _____

INTERVIEWER'S SIGNATURE _____

IF YOU WERE SELF-EMPLOYED, YOU MUST ALSO COMPLETE FORM PR-AD-1A, "APPENDIX TO APPLICATION FOR DISASTER UNEMPLOYMENT ASSISTANCE FOR THE SELF-EMPLOYED".

DO NOT WRITE IN THE SPACES BELOW – FOR LOCAL OFFICE USE ONLY

DISASTER NUMBER: _____

DECLARATION NUMBER: _____

DISABLED DUE TO THE DISASTER: _____

LAST DAY WORKED: _____
 MONTH/DAY/YEAR

CLASSIFICATION: _____

DETERMINATION CODE: _____

DATE DATA REGISTERED IN SABEN: _____

REGISTERED IN SABEN BY: _____

SUPERVISOR'S SIGNATURE: _____
