



PR-AD-1A
 REV. 02/2020

**APPENDIX TO APPLICATION FOR DISASTER UNEMPLOYMENT ASSISTANCE
 FOR THE SELF-EMPLOYED**

1. Claimant's Name: _____ 2. Disaster Number: _____ 3. Local Office: _____ 4. Social Security Number: _____

5. Business' Name and Address (number, street, municipality or city, country, zip code) _____

6. Type of Business (check corresponding item): _____ Agriculture _____ Commerce _____ Profession
 Business owned as: ___ Owner ___ Partner

A. INFORMATION ABOUT SELF-EMPLOYMENT (ANSWER ALL QUESTIONS)

1. Describe the nature of your self-employment; since when (date) have you been self-employed: _____
2. Did your self-employment require you to provide part-time services? _____ yes _____ no
 If not, please explain: _____
3. Were you rendering services related to your self-employment when the disaster occurred? _____ yes _____ no
 If not, please explain: _____
 If yes, indicate the services you were rendering: _____
4. Did the disaster prevent you from rendering all the services related to your self-employment? _____ yes _____ no
 If not, please indicate the services you were rendering: _____
5. Since you have been unemployed, have you been doing or been able to do some work to restore or improve your business' worth or capacity to increase your self-employment earnings? _____ yes _____ no
6. At the time the disaster occurred, did you depend on being self-employed as your principal occupation and source of income? _____ yes _____ no
 If not, please explain: _____
7. Do you have another occupation besides being self-employed? _____ yes _____ no
 If yes, please complete the following information: _____

OCCUPATION: _____ / WEEKLY SCHEDULE: _____ / GROSS SALARY (WEEKLY): _____ / EFFECTS OF THE DISASTER: _____

8. FARMING ACTIVITIES (IF APPLICABLE)
 SIZE OF THE FARM (IN ACRES): _____
 Please indicate all the farm products for sale and from which the farm receives income:

PRODUCE		DOMESTIC ANIMALS		OTHER (PLEASE SPECIFY)	
TYPE	ACRES	TYPE	HOW MANY	TYPE	ACRES/HOW MANY

9. **CLAIMANT'S CERTIFICATION:**
 I CERTIFY THAT THE INFORMATION I HAVE PROVIDED HEREIN IS CORRECT AND THAT I HAVE OFFERED IT VOLUNTARILY FOR THE PURPOSE OF OBTAINING DISASTER UNEMPLOYMENT ASSISTANCE. I UNDERSTAND THAT THE LAW PROVIDES PENALTIES FOR SUBMITTING FALSE INFORMATION OR FOR OMITTING MATERIAL FACTS FOR THE PURPOSE OF RECEIVING BENEFITS. I CERTIFY THAT I WAS GIVEN THE NOTIFICATION REQUIRED BY THE PRIVACY ACT OF 1974 TO BE USED IN THE DISASTER UNEMPLOYMENT ASSISTANCE PROGRAM.

APPLICANT'S SIGNATURE: _____ DATE: (MONTH/DAY/YEAR) _____