

**VIRGIN ISLANDS DEPARTMENT OF LABOR  
SUPPLEMENT TO APPLICATION FOR DUA  
CORPORATE OFFICER/OWNER (INCLUDING "S" OR OTHER CORPORATION)**

Applicant's Name (Last, First, Middle)	Disaster No. FEMA -                      - DR	Local Office No.	Social Security No.
Business Name and Address (No. Street, City, State, Zip Code)	<b>TYPE OF CORPORATION (Check Appropriate Boxes)</b>		
	<b>ENGAGED IN:</b>		
	<input type="checkbox"/> Farming	<input type="checkbox"/> Business	<input type="checkbox"/> Profession
	<b>AS A:</b>		<b>Percentage of shares/business owned</b>
	Title: _____		

1. What is the nature of your business and when was it established? \_\_\_\_\_  
\_\_\_\_\_
2. What were your job duties and normal work days prior to the disaster? \_\_\_\_\_  
\_\_\_\_\_
3. Please provide the following information for the other officers/owners.

Name	Social Security No.	Title	Percentage of shares/business owned

4. Was this business in operation at the time of the disaster? Yes    No  
 Were you performing your duties at the time of the disaster? Yes    No
5. What were the normal days and hours of operation of this business prior to the disaster? \_\_\_\_\_  
\_\_\_\_\_
6. What was the gross income per week of this business prior to the disaster? \_\_\_\_\_
7. What was the impact of the disaster on this business (damages, lost income, etc.)? \_\_\_\_\_  
\_\_\_\_\_
8. Did you receive or will you receive income continuation pay, business interruption insurance, or any other wage replacement income? Yes    No  
 If yes, list type and amount. \_\_\_\_\_
9. Did you have any employees? Yes    No  
 If yes, how many and what is their current employment status? \_\_\_\_\_  
\_\_\_\_\_

10. Do you plan to reopen? Yes No
- a. If yes, detail what actions you have taken or are taking towards reopening this business. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 What date do you expect to reopen? \_\_\_\_\_
- b. If no, what are you doing or what do you plan to do to secure employment? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
11. Is this a part-time business? Yes No
12. Do you restrict yourself to part-time work? Yes No
- If yes, why? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
13. At the time of the disaster, did you or do you now have any business, business location(s), or occupation (job), *other* than the one listed above? Yes No
- If yes, give name and address of business, business location(s), or other occupation (job), and gross income of that business/occupation. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
14. Was this a seasonal business? Yes No
- If yes, between what dates was it normally in operation in prior years? \_\_\_\_\_
15. Was your self-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 self-employment was not your primary source of income, explain. \_\_\_\_\_

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.

Signature of Applicant	Telephone No.	Date
Signature of Agency Official		Date

**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: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Choose not to answer	Race (For Statistical Purposes Only). Indicate by selecting one of the following: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> Choose not to answer
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**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.) 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.)	
<b>G. APPLICANT EMPLOYMENT OR SELF-EMPLOYMENT DURING TAX YEAR</b> <u>2016</u> <b>(MOST RECENT TAX YEAR PRIOR TO DISASTER)</b> **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 \_\_\_\_\_