

**VIRGIN ISLANDS DEPARTMENT OF LABOR
SUPPLEMENT TO APPLICATION FOR DUA
SELF-EMPLOYED INDIVIDUALS**

Applicant's Name (Last, First, Middle)	Disaster No. FEMA - - DR	Local Office No.	Social Security No.
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Business Name and Address (No. Street, City, State, Zip Code)	TYPE OF SELF-EMPLOYMENT (Check Appropriate Boxes)		
	ENGAGED IN:		
	<input type="checkbox"/> Farming	<input type="checkbox"/> Business	<input type="checkbox"/> Profession
	AS A:		Percentage of Ownership
	<input type="checkbox"/> Sole Owner	<input type="checkbox"/> Partner	

A. FARMING ACTIVITY (If applicable)	Size of Farm (In Acres):
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In columns below, list all farm products raised and held permanently for sale and farm income.

CROPS		LIVESTOCK		OTHER (Specify)	
KIND	ACRES	KIND	INCOME	KIND	INCOME

B. SELF-EMPLOYMENT INFORMATION (Answer all questions in this part)

1. Describe the nature of your self-employment. Indicate how long you have been performing it. _____

2. a. What are the days and hours of normal operation of your business? _____
b. What days and hours did you actually work? _____
3. Did you have any partners? Yes No
If yes, please provide the following information

Name	Social Security No.	Percentage of Ownership

4. Did you have other employees prior to the disaster? Yes No
If yes, how many and what is their current employment status? _____
5. a. What were your duties and normal days and hours of work? _____

b. Were you performing those duties at the time of the disaster? Yes No
If no, please explain. _____

6. How did the disaster impact your self-employment (damages, lost jobs, lost income, etc.)? _____

7. Do you plan to reopen this business? Yes No
 If yes, on what date and what have you done to restore your business? _____

If no, please explain and what are you doing or what do you plan to do to secure employment? _____

8. a. Were you self-employed *part-time* prior to the disaster? Yes No
 If yes, please explain why. _____

b. Do you restrict yourself to part-time work? Yes No
 If yes, why? _____

9. 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. _____

10. At the time of the disaster, did you or do you now have any business, business location(s), or occupation (job), *other* than the self-employment at this location? Yes No
 If yes, provide name and address of business, business location(s) or occupation. _____

 Describe the effect the disaster has had on this *other* business/location(s)/occupation. _____

 What is the current gross income from this *other* business/location(s)/occupation? _____

11. Do you have any other sources of income? Yes No
 If yes, please explain. _____

12. Did you receive or will you receive any income continuation pay, business interruption insurance, or any other wage replacement income? Yes No
 If yes, complete the following information:

Type of Payment	Amount	Time Period Covered

13. What was your gross income for the business in the prior tax year? _____

14. Was your business seasonal? Yes No
 If yes, between what dates was your business normally in operation in prior years? _____

C. FAMILY BUSINESS INFORMATION

1. Were you employed in a family business prior to the disaster date? Yes No
2. How many adults were employed in the family business prior to the disaster date? _____
3. How many minors (not adults) were employed in the family business prior to the disaster date? _____
4. Were you a minor employed in a family business prior to the disaster date? Yes No
5. The tax year for the family business started _____ and ended _____

You must complete the following questions. Your DUA rate will be based on an equal rate for each adult family member. If you feel that your DUA rate should be based on a rate higher than an equal portion of the net family business income, you must provide a percentage of net income for all family members of the business. Include income for minors employed in the family business.

MEMBERS OF FAMILY BUSINESS	SOCIAL SECURITY NUMBER	PERCENTAGE OF WAGES OF FAMILY BUSINESS

D. APPLICANT EMPLOYMENT

In order to compute the amount of my weekly entitlement to Disaster Unemployment Assistance I certify that I had the following self-employment, net earnings during the tax year 2016 (the most recent tax year prior to the disaster). Family businesses must indicate the entire family business income. If the information below was provided on the Initial Claim Form, enter "SAME" in the appropriate blocks. (Report net earnings from self-employment – DO NOT REPORT GROSS EARNINGS).

Name and Address of Business	Weeks Earned \$167 or More	Net Earnings	For Office Use Documentation or Other Proof of Earnings
	Total Weeks	Total Earnings	

E. APPLICANT CERTIFICATION

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.)	
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 _____