

DEPARTMENT OF ECONOMIC OPPORTUNITY PO DRAWER 5350 TALLAHASSEE, FLORIDA 32314-5350 SUPPLEMENT FOR SELF-EMPLOYED APPLICANTS DISASTER UNEMPLOYMENT ASSISTANCE	DISASTER NO. FDAA DR	LO. NO.	SOCIAL SECURITY NO. - -
	TYPE OF SELF-EMPLOYMENT (CHECK APPROPRIATE BOX) ENGAGED IN: AS A:		
	<input type="checkbox"/> FARMING <input type="checkbox"/> BUSINESS <input type="checkbox"/> PROFESSION	<input type="checkbox"/> SOLE OWNER <input type="checkbox"/> PARTNER	
APPLICANT'S NAME (LAST, FIRST, MIDDLE)	BUSINESS NAME AND ADDRESS (STREET ADDRESS, CITY, STATE, ZIP CODE)		

A. FARMING ACTIVITY

IF YOU ARE A SELF-EMPLOYED FARMER, ANSWER THE QUESTIONS IN THIS PART.

1. WHAT IS THE SIZE OF YOUR FARM? _____ ACRES
2. IN THE FOLLOWING COLUMNS, LIST ALL FARM PRODUCTS RAISED AND HELD PRIMARILY FOR SALE AND FARM INCOME.

CROPS		LIVESTOCK		OTHER (SPECIFY)	
KIND	ACRES	KIND	QUANTITY	KIND	QUANTITY

B. SELF-EMPLOYMENT INFORMATION

ANSWER ALL QUESTIONS IN THIS PART. USE THE SPACE TO THE RIGHT OF THE QUESTIONS TO EXPLAIN APPROPRIATE ANSWERS.

1. DESCRIBE THE NATURE OF YOUR SELF-EMPLOYMENT, AND INDICATE HOW LONG YOU HAVE BEEN PERFORMING IT.

2. DID THIS SELF-EMPLOYMENT REQUIRE ANY PART OF YOUR TIME IN THE PERFORMANCE OF SERVICES? (IF "NO," EXPLAIN)	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

3. WERE YOU PERFORMING ANY SERVICES IN CONNECTION WITH THIS SELF-EMPLOYMENT AT THE TIME OF THE DISASTER? (IF "NO," EXPLAIN WHY NOT. IF "YES," IDENTIFY THE SERVICES BEING PERFORMED)	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

4. DID THE DISASTER PREVENT YOU FROM PERFORMING ALL SERVICES IN CONNECTION WITH YOUR SELF-EMPLOYMENT? (IF "NO," IDENTIFY THE SERVICES BEING PERFORMED)	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

5. SINCE BECOMING UNEMPLOYED, HAVE YOU BEEN PERFORMING OR ABLE TO PERFORM ANY SERVICES IN RESTORING OR IMPROVING THE VALUE OR PROFIT-MAKING CAPABILITY OF YOUR SELF-EMPLOYMENT?	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

6. AT THE TIME OF THE DISASTER, WAS THIS SELF-EMPLOYMENT YOUR PRIMARY OCCUPATION AND PRIMARY MEANS OF LIVELIHOOD? (IF "NO," EXPLAIN)	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

7. DO YOU HAVE ANY OCCUPATION OTHER THAN THIS SELF-EMPLOYMENT? (IF "YES," COMPLETE THE INFORMATION REQUESTED)	<input type="checkbox"/>	<input type="checkbox"/>
OCCUPATION: _____ HOURS PER WEEK: _____ GROSS EARNINGS PER WEEK \$ _____		
EFFECT DISASTER HAD ON THIS OCCUPATION: _____		

C. SELF-EMPLOYMENT INFORMATION

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.

I HAVE READ THE STATEMENT REQUIRED UNDER THE PRIVACY ACT OF 1974 FOR USE IN THE DISASTER UNEMPLOYMENT ASSISTANCE PROGRAM.

SIGNATURE OF APPLICANT	DATE (MONTH/DAY/YEAR)
SIGNATURE OF STATE DEPARTMENT REPRESENTATIVE	DATE