

DEPARTMENT OF ECONOMIC OPPORTUNITY  
DISASTER UNEMPLOYMENT ASSISTANCE

AFFIDAVIT OF MINOR FAMILY MEMBER EARNINGS

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, hereby personally affirm that I am an adult member of the family group in which \_\_\_\_\_ worked. I also affirm that he/she is currently unemployed as a direct result of the disaster that occurred on (Date) \_\_\_\_\_.

To support the claim I offer the following statement:

\_\_\_\_\_ (Name of Minor), \_\_\_\_\_ (Social Security Number)

received \$ \_\_\_\_\_ as an allowance or a percentage of the proceeds resulting from the business of \_\_\_\_\_.

He/she worked during the proceeding tax year as follows:

\_\_\_\_\_ QTR    \_\_\_\_\_ QTR    \_\_\_\_\_ QTR    \_\_\_\_\_ QTR  
\_\_\_\_\_ WKS    \_\_\_\_\_ WKS    \_\_\_\_\_ WKS    \_\_\_\_\_ WKS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that the Florida Reemployment Assistance Law/Disaster Unemployment Assistance and the Stafford Act provides penalties for knowingly making false statements for the purpose of obtaining RA/DUA benefits. I, therefore, declare that the statement I have made in connection with this claim is true and correct to the best of my knowledge and belief.

Subscribed and sworn to before me this  
the \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

\_\_\_\_\_  
Notary Public for Florida  
My Commission expires: \_\_\_\_\_

\_\_\_\_\_  
(Affiant's Signature)

\_\_\_\_\_  
(Affiant's Social Security Number)

\_\_\_\_\_  
(Address)

OR

\_\_\_\_\_

\_\_\_\_\_  
(State Agency Representative Signature)

\_\_\_\_\_  
(Date)