

# DUA WEEKLY CLAIM CERTIFICATION

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SECTION		
SSN _____ - _____ - _____		BP 60 _____
FEMA _____		ISSUE _____
PROGRAM ID _____	CLAIMSTAKER INITIALS _____	SUPPRESS SUBSEQUENT _____

IMPORTANT – CAREFULLY COMPLETE THIS FORM AS INSTRUCTED	
Claimant's Name; _____	SS #: _____ - _____ - _____

## MARK THE CORRECT ANSWER

	Week Ending _____ - _____ - _____	Week Ending _____ - _____ - _____
1. I claim Disaster Unemployment Assistance for these weeks:		
2. <b>During each of these weeks:</b>		
(A) Were you able and available for work?	Yes ___ No ___	Yes ___ No ___
(B) Did you contact your last employer to determine if work was available?	Yes ___ No ___	Yes ___ No ___
(C) Did you apply for or receive, or would be eligible to receive if applied for:		
(1) Any RI benefits under any other state or federal law?	Yes ___ No ___	Yes ___ No ___
(2) Any amount of loss of wages due to illness or disability?	Yes ___ No ___	Yes ___ No ___
(3) Any type of private income protection insurance?	Yes ___ No ___	Yes ___ No ___
(4) Any amount as a supplemental unemployment benefit?	Yes ___ No ___	Yes ___ No ___
(5) Any amount of retirement, pension, or annuity income?	Yes ___ No ___	Yes ___ No ___
(D) Did you refuse any offer of work?	Yes ___ No ___	Yes ___ No ___
(E) Did you work for another or engage in any self-employment?	Yes ___ No ___	Yes ___ No ___
<b>IF YES:</b> Enter gross earnings whether received or not. (If self-employment, enter gross earnings when received)	\$ _____	\$ _____

3. If your mailing address has changed since filing your last certification, mark here and enter new address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. **CERTIFICATION:** I certify that I have supplied this information voluntarily in order to obtain Disaster Unemployment Assistance. I claim assistance for this period with full knowledge 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 for which I am not entitled under the Act. I have been furnished a statement required under the Privacy Act of 1974 for use in the Disaster Unemployment Assistance Program. I certify my statements and answers are true and correct.

Claimant Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone No ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_