

16 45-100

DISASTER NO.

VIRGINIA EMPLOYMENT COMMISSION  
APPLICATION FOR DISASTER UNEMPLOYMENT ASSISTANCE

FOR OFFICE USE

[Empty box for Disaster No.]

1. [ ] 2. [ ]

APPLICANT'S NAME \_\_\_\_\_ SSA NO. \_\_\_\_\_ L.O. \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(STREET) (CITY) (COUNTY) (STATE) (ZIP)

DATE: SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_ No. Dependents \_\_\_\_\_  
M, S, OTHER

LAST OCCUPATION \_\_\_\_\_ LAST EMPLOYER OR INDUSTRY \_\_\_\_\_

LAST DAY WORKED \_\_\_\_\_ EMPLOYER AREA CODE \_\_\_\_\_

**A. APPLICANT REQUEST**

I am requesting DISASTER UNEMPLOYMENT ASSISTANCE for the period of my unemployment due to the announced disaster beginning \_\_\_\_\_. My unemployment is due to the disaster because:

**B. RETROACTIVE FILING**

1. Following the date of the disaster, I was totally or partially unemployed for these weeks due to the disaster:

WEEK ENDING	GROSS WAGES	WEEK ENDING	GROSS WAGES	WEEK ENDING	GROSS WAGES	WEEK ENDING	GROSS WAGES
	\$		\$		\$		\$
	\$		\$		\$		\$

2. For weeks identified above,

a. Did you apply or receive (1) unemployment insurance under any State or Federal law, (2) training allowances under CETA, or (3) allowances under the Trade Readjustment Act (TRA)?  Yes  No

b. Were any amounts payable to you (1) from any source for loss of wages due to illness or disability, (2) from any type of private income protection insurance, or (3) as a supplemental unemployment benefit (SUB)?  Yes  No

(If "YES" to a or b, list type of each payment, amount, and period covered on reverse side)

3. Were you able and available for work during these weeks?  Yes  No

4. Did you accept all work offered during these weeks?  Yes  No

**C. APPLICANT EMPLOYMENT**

In order to compute the amount of my weekly entitlement to disaster unemployment assistance, I certify that I had the following employment and/or self-employment and earnings during the 13 weeks preceding the disaster:

Name and Address of Employer (or Self-Employment)	Period Employed		Total Earnings*	Weekly Wage	For Office Use Documentary or other proof of earnings
	From	To			
1.			\$	\$	
2.			\$	\$	

\* Report GROSS earnings from employment; NET earnings from self employment.

Most recent 13-week period beginning \_\_\_\_\_ and ending \_\_\_\_\_  
\$ \_\_\_\_\_ x 13 = \$ \_\_\_\_\_  
(AWW) (13-week period earnings)

**D. APPLICANT CERTIFICATION**

I certify that the information I have given on this form and \_\_\_\_\_ is correct. I have supplied the information in order to obtain DISASTER UNEMPLOYMENT ASSISTANCE. I know that Federal funds are provided and that penalties are prescribed by law for wilful misrepresentation or concealment of material facts in order to obtain assistance payments which I am not entitled to receive under the Act.

I understand that wages, unemployment insurance, disability payments, and income protection insurance payments are deducted from my DISASTER UNEMPLOYMENT ASSISTANCE.

The information provided is subject to the restrictions of the VIRGINIA PRIVACY ACT of 1976 and may be disseminated to other governmental agencies for the proper administration of law.

Signature of Applicant	Date	Signature of Claims-Taker
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<b>E. DETERMINATION</b>	
BEGINNING DATE OF DISASTER _____	<input type="checkbox"/> QUALIFIED 1. DISASTER ASSISTANCE PERIOD From _____ To _____
<input type="checkbox"/> NOT QUALIFIED under the Secretary of Labor's Regulations, Sec. _____, because:	Weekly Assistance Amount \$ _____ 2. Amount due to date \$ _____ This amount is for _____ weeks reduced by . . . . . \$ _____ received by you for _____ _____ (Type of payment)
Signature of Deputy _____	Date _____
<b>F. APPEAL RIGHTS</b> If you disagree with this determination, you have the right to appeal. This determination becomes final unless notice of appeal therefrom is filed within fourteen (14) days after it is delivered to you in person or mailed to your last known address. Such appeal must be filed in writing, and shall set forth the grounds upon which the appeal is sought, and shall be filed (1) through the Local Office where this claim was filed or (2) mailed to the Appeals Sections of the Virginia Employment Commission, P.O. Box 1358, Richmond, Virginia 23211.  FINAL DATE FOR APPEAL IS _____	

Determination to Applicant: \_\_\_\_\_  Mailed  In Person

CLAIMANT'S NAME & ADDRESS:

LOCAL OFFICE ADDRESS: