

**INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT
SUPPLEMENT TO APPLICATION FOR DUA SELF-EMPLOYED INDIVIDUALS**

Applicant's Name (Last, First, Middle)	Disaster No. FDAA.....DR	Local Office No.	Social Security No.
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Business Name and Address (No., St., City, County, State and Zip Code)	TYPE OF SELF-EMPLOYMENT (Check appropriate box(es))
	Engaged in: <input type="checkbox"/> Farming <input type="checkbox"/> Business <input type="checkbox"/> Profession
As a: <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 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)

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

2. Did this self-employment require any part of your time in the performance of services? Yes No
If "No," explain.

3. Were you performing any services in connection with this self-employment at the time of the disaster? Yes No
If "No," explain why not.

If "Yes," identify services being performed.

4. Did the disaster prevent you from performing all services in connection with your self-employment? Yes No
If "No," identify services being performed.

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? Yes No
If "Yes," explain.

6. At the time of the disaster, was this self-employment your primary occupation and primary means of livelihood? Yes No
If "No," explain.

7. Do you have any occupation other than this self-employment? Yes No
If "Yes," complete ➔

OCCUPATION	WEEKLY HOURS	GROSS WAGES (Wkly.)	EFFECT (disaster had on this occupation)
		\$	

C. APPLICANT CERTIFICATION

I CERTIFY that the information I have given on this form is correct. 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 which I am not entitled to receive under the Act. I HAVE BEEN FURNISHED a statement required under the PRIVACY ACT OF 1974 for use in the DISASTER UNEMPLOYMENT ASSISTANCE program.

SIGNATURE OF APPLICANT	DATE (Month, Day, Year)
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