

**IOWA WORKFORCE DEVELOPMENT**

ATTN: DUA

P.O. Box 10332

Des Moines, Iowa 50306-0332

DUA Form 107 (06-04)

**CONTINUED REQUEST FOR DISASTER UNEMPLOYMENT ASSISTANCE**

|   |  |
|---|--|
| Applicant's Name ( <i>Last, First, Middle</i> )       | Social Security Number   |
| Address ( <i>No., Street, City, State, ZIP Code</i> ) | Telephone  |
|   | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |

Have you moved since you last filed?  Yes  No

List below all weeks following the date of the disaster that you were partially or totally unemployed as a direct result of the disaster and for which you are claiming DUA. Report gross earnings from employment and self-employment. Earnings from self-employment includes income received from sales of grain or livestock, deficiency payments, disaster payment, CRP payments, etc.

| Week Ending Date | Number of Hours Worked During That Week | Gross Earnings |
|------------------|---|----------------|
|                  |   |                |
|                  |   |                |
|                  |   |                |
|                  |   |                |

- Were you able and available to work during each of the weeks claimed?  Yes  No  
If no, explain: \_\_\_\_\_
- Did you refuse any work during any of the weeks claimed?  Yes  No  
If yes, explain: \_\_\_\_\_
- Are you receiving any type of retirement pension?  Yes  No  
If yes, list type of pension: \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_
- Did you attend school or training during the weeks claimed?  Yes  No  
If yes, list dates of attendance: From: \_\_\_\_\_ To: \_\_\_\_\_  
Name of School \_\_\_\_\_
- Have you returned to work full-time?  Yes  No  
If yes, name of employer and date started: \_\_\_\_\_

REMARKS:

**APPLICANT CERTIFICATION:** I certify that the information I have given on this form is correct and that 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 willful misrepresentation or concealment of material facts in order to obtain assistance payments which I am not entitled to receive under the ACT.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date