



PR-AD-1
 Rev. 02/2020

**APPLICATION FOR DISASTER UNEMPLOYMENT ASSISTANCE
 DISASTER REMEDIAL LAW OF 1974**

SOCIAL SECURITY NUMBER: _____

NAME: _____

I AM REQUESTING DISASTER UNEMPLOYMENT ASSISTANCE, FOR THE PERIOD OF UNEMPLOYMENT CAUSED BY THE DISASTER THAT BEGAN ON: _____.

I AM UNEMPLOYED FOR THE FOLLOWING REASON (EXPLAIN IN DETAIL):

DO YOU HAVE A PHYSICAL DISABILITY CAUSED BY THE DISASTER? ___ YES ___ NO

MY SALARY OR INCOME WHILE SELF-EMPLOYED WAS: \$ _____ WEEKLY.

\$ _____ MONTHLY.

DURING THE PERIOD OF 13 WEEKS PRIOR TO THE DATE OF THE DISASTER, I WORKED _____ WEEKS AND EARNED A SALARY OR INCOME FOR SELF-EMPLOYMENT IN THE AMOUNT OF: \$ _____.

WARNING: LAW DICTATES SEVERE PENALTIES TO CLAIMANTS WHO PROVIDE FALSE INFORMATION IN ORDER TO OBTAIN BENEFITS.

I CERTIFY: THAT THE INFORMATION I HAVE PROVIDED IS CORRECT, THAT I UNDERSTAND THE PENALTIES THE LAW IMPOSES FOR SUBMITTING FALSE INFORMATION IN ORDER TO OBTAIN PAYMENT OF BENEFITS I HAVE NO RIGHT TO RECEIVE, AND THAT I WAS GIVEN THE NOTIFICATION REQUIRED BY THE PRIVACY ACT OF 1974.

CLAIMANT'S SIGNATURE _____

DATE _____

INTERVIEWER'S SIGNATURE _____

IF YOU WERE SELF-EMPLOYED, YOU MUST ALSO COMPLETE FORM PR-AD-1A, "APPENDIX TO APPLICATION FOR DISASTER UNEMPLOYMENT ASSISTANCE FOR THE SELF-EMPLOYED".

DO NOT WRITE IN THE SPACES BELOW – FOR LOCAL OFFICE USE ONLY

DISASTER NUMBER: _____

DECLARATION NUMBER: _____

DISABLED DUE TO THE DISASTER: _____

LAST DAY WORKED: _____
 MONTH/DAY/YEAR

CLASSIFICATION: _____

DETERMINATION CODE: _____

DATE DATA REGISTERED IN SABEN: _____

REGISTERED IN SABEN BY: _____

SUPERVISOR'S SIGNATURE: _____



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**APPENDIX TO APPLICATION FOR DISASTER UNEMPLOYMENT ASSISTANCE
 FOR THE SELF-EMPLOYED**

1. Claimant's Name: _____ 2. Disaster Number: _____ 3. Local Office: _____ 4. Social Security Number: _____

5. Business' Name and Address (number, street, municipality or city, country, zip code) _____

6. Type of Business (check corresponding item): _____ Agriculture _____ Commerce _____ Profession
 Business owned as: ___ Owner ___ Partner

A. INFORMATION ABOUT SELF-EMPLOYMENT (ANSWER ALL QUESTIONS)

1. Describe the nature of your self-employment; since when (date) have you been self-employed: _____
2. Did your self-employment require you to provide part-time services? _____ yes _____ no
 If not, please explain: _____
3. Were you rendering services related to your self-employment when the disaster occurred? _____ yes _____ no
 If not, please explain: _____
 If yes, indicate the services you were rendering: _____
4. Did the disaster prevent you from rendering all the services related to your self-employment? _____ yes _____ no
 If not, please indicate the services you were rendering: _____
5. Since you have been unemployed, have you been doing or been able to do some work to restore or improve your business' worth or capacity to increase your self-employment earnings? _____ yes _____ no
6. At the time the disaster occurred, did you depend on being self-employed as your principal occupation and source of income? _____ yes _____ no
 If not, please explain: _____
7. Do you have another occupation besides being self-employed? _____ yes _____ no
 If yes, please complete the following information: _____

OCCUPATION: _____ / WEEKLY SCHEDULE: _____ / GROSS SALARY (WEEKLY): _____ / EFFECTS OF THE DISASTER: _____

8. FARMING ACTIVITIES (IF APPLICABLE)
 SIZE OF THE FARM (IN ACRES): _____
 Please indicate all the farm products for sale and from which the farm receives income:

PRODUCE		DOMESTIC ANIMALS		OTHER (PLEASE SPECIFY)	
TYPE	ACRES	TYPE	HOW MANY	TYPE	ACRES/HOW MANY

9. **CLAIMANT'S CERTIFICATION:**
 I CERTIFY THAT THE INFORMATION I HAVE PROVIDED HEREIN IS CORRECT AND THAT I HAVE OFFERED IT VOLUNTARILY FOR THE PURPOSE OF OBTAINING DISASTER UNEMPLOYMENT ASSISTANCE. I UNDERSTAND THAT THE LAW PROVIDES PENALTIES FOR SUBMITTING FALSE INFORMATION OR FOR OMITTING MATERIAL FACTS FOR THE PURPOSE OF RECEIVING BENEFITS. I CERTIFY THAT I WAS GIVEN THE NOTIFICATION REQUIRED BY THE PRIVACY ACT OF 1974 TO BE USED IN THE DISASTER UNEMPLOYMENT ASSISTANCE PROGRAM.

APPLICANT'S SIGNATURE: _____ DATE: (MONTH/DAY/YEAR) _____



GOVERNMENT OF PUERTO RICO
Department of Labor and Human Resources



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SWORN STATEMENT OF INCOME FOR THE SELF-EMPLOYED

I UNDERSTAND THAT MY ELIGIBILITY TO RECEIVE DISASTER UNEMPLOYMENT ASSISTANCE (DUA) WILL BE DETERMINED BASED ON THE INFORMATION PROVIDED TO THE BUREAU OF EMPLOYMENT SECURITY IN THIS SWORN STATEMENT, BECAUSE THERE IS NO TRUSTWORTHY REGISTRY OF INSURED EMPLOYMENT OR SELF-EMPLOYMENT AND WAGES. I ALSO UNDERSTAND THAT IN ORDER TO DETERMINE MY WEEKLY INCOME, I MUST SUBMIT A REASONABLE EXPLANATION OF WHAT MY NET INCOME WOULD HAVE BEEN FOR THE FISCAL YEAR WHEN THE MAJOR DISASTER OCCURRED. I UNDERSTAND THAT ALL PROJECTIONS REGARDING NET INCOME OR LOSS OF INCOME ARE SUBJECT TO VERIFICATION AS SOON AS I SUBMIT A COPY OF ANY MISSING INCOME TAX RETURN FOR THE CURRENT AND PREVIOUS TAXABLE YEAR.

THE FOLLOWING INFORMATION ABOUT NET INCOME IS SUBMITTED FOR THE CONSIDERATION OF MY ELIGIBILITY TO RECEIVE DISASTER UNEMPLOYMENT ASSISTANCE:

	PREVIOUS YEAR	CURRENT YEAR
GROSS INCOME	_____	_____
SUBSIDIES, IF APPLICABLE	_____	_____
SUB-TOTAL	_____	_____
MINUS BUSINESS EXPENSES	_____	_____
NET INCOME	_____	_____

THE REASON I COULD NOT PROVIDE A COPY OF MY INCOME TAX RETURN FOR THE TAXABLE YEAR (_____) PRIOR TO THE DATE OF THE DISASTER IS: _____

MY PROJECTED OR ESTIMATED NET INCOME FOR THE CURRENT TAXABLE YEAR (_____), IS BASED ON THE FOLLOWING INFORMATION RELATED TO MY EARNING CAPACITY AS A SELF-EMPLOYED INDIVIDUAL.

I ESTIMATE MY INCOME TO BE: INCREASED DECREASED
 FOR THE CURRENT YEAR BECAUSE: _____.

AT THE TIME OF THE DISASTER, I WAS I WAS NOT
 CARRYING OUT TASKS RELATED TO MY SELF-EMPLOYMENT.

THE AVERAGE WEEKLY HOURS WORKING IN SELF-EMPLOYMENT ARE: _____.

I CERTIFY: THAT THE INFORMATION SUBMITTED IN THIS DOCUMENT IS CORRECT.

 APPLICANT'S SIGNATURE SOCIAL SECURITY NUMBER DATE

RECEIVED BY: _____

 DATE



GOVERNMENT OF PUERTO RICO
Department of Labor and Human Resources



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Verification of Prospective Employment
 in Order to Be Eligible for
 Disaster Unemployment Assistance (DUA)

Name: _____
 Social Security Number: _____
 Probable time duration of employment:
 From: _____ Until: _____

PROSPECTIVE EMPLOYMENT

1. Employer's name: _____
2. Postal Address: _____
3. Was a job offered directly to the Claimant? () Yes () No
4. Salary offered: _____
5. Name and title of the person who offered employment: _____ Phone number: _____
6. Work to be done: _____
7. Salary or wages offered: \$ _____ per hour
8. For how many hours per week: _____
9. Reason for not being able to start working: _____
10. When do you expect to start working? _____

I CERTIFY THAT THE INFORMATION THAT I HAVE PROVIDED IN THIS FORM IS CORRECT TO MY UNDERSTANDING AND TO THE BEST OF MY KNOWLEDGE, AND THAT I UNDERSTAND THAT FEDERAL AND STATE LAW WILL APPLY TO EMPLOYERS, INDIVIDUALS OR THIRD PARTIES THAT SUBMIT FALSE DECLARATIONS OR OMIT INFORMATION FOR THE PURPOSE OF HAVING BENEFITS DENIED OR NON-ALLOWABLE PAYMENTS TO BE ISSUED.

EMPLOYER'S FEDERAL IDENTIFICATION NUMBER

EMPLOYER'S STATE ACCOUNT NUMBER

SIGNATURE / TITLE
 OF EMPLOYER OR AUTHORIZED REPRESENTATIVE

DATE

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**PLEASE RETURN THIS FORM AS SOON AS POSSIBLE
 TO THE ADDRESS STATED ABOVE**