

DUA-5 PAMPHLET CERTIFICATION

NAME (Please Print): _____

SOCIAL SECURITY NUMBER _____ - _____ - _____

I certify by my signature that I have received, read and understand the contents of the Disaster Unemployment Assistance pamphlet. I understand that I have been notified of my rights and obligations in maintaining my eligibility for Disaster Unemployment Assistance under federal law. I also understand that any misrepresentation or nondisclosure of information on my part in order to receive DUA benefits to which I am entitled may result in a disqualification for benefits and fines and/or imprisonment.

CLAIMANT'S SIGNATURE:

DATE: (Month/Day/Year)

DUA REPRESENTATIVE:

DATE: (Month/Day/Year)

