INSTRUCTIONS FOR PREPARING FORM ETA 81

Form ETA 81 is a two (2) page form that requires both pages to be completed. The form is divided into an initial applicant/disaster identification section, sections A. through H. for applicant disaster eligibility information and a final certification section. The ETA 81 should be completed and submitted with any supporting documents. The form can be completed by the applicant or by a Division of Employment Security (DES) representative from information supplied by the applicant. In completing the form, some sections directly pertain to customarily self-employed applicants and other sections apply to customarily employed applicants. It is extremely important that each applicable section of the form be completed in its entirety showing the requested information. Upon completion, the ETA 81 and supporting documents should be sent to the Central Office, Special Programs Unit/DUA.

Applicant's Name: Applicant's Last Name, First Name and Middle Initial (Ex.: Smith, John A.)

Address: Applicant's mailing address - Street address or Post Office Box, City, two letter State abbreviation, Zip Code and name of County

Applicant's Telephone Number: Applicant's contact telephone number with area code

E-mail Address: Applicant's E-mail address

U.S. Citizen Question: Mark appropriate box indicating U.S. citizenship status and enter Alien Registration Number, if applicable

Social Security Number: Applicant's Nine (9) digit Social Security Number

Local Office Name & Number: The local office name and number where the application is filed

Disaster Number: Number assigned by FEMA to this specific disaster and identified in the disaster declaration

Disaster Date: Date of the disaster as identified in the disaster declaration

Disaster Announcement Date: Date the Division of Employment Security made announcement through the media of the availability of DUA

Date of Birth: Month, Day and Year of birth

Gender: Indicate in box either Male or Female

Timely Filing Deadline Date: Date by which a timely application for DUA benefits must be filed in order to prevent issues and questions of timely filing and eligibility. If application is being made beyond the Timely Filing Deadline Date, a fact-finding must be prepared and submitted giving the applicant's explanation for the delay in filing.

Section A., Employment Information: This section must be completed by answering each of the four (4) questions. This information is critical in determining if an applicant's unemployment is directly attributable to the declared disaster.

Section B., How Employment was Effected: All applicants engaged in regular employment at the time of the disaster must complete this section by answering each question in the spaces provided and furnishing all requested information. This information is critical in determining if an applicant's unemployment is directly attributable to the major disaster.

Section C., Detailed Statement: All applicants must complete this section by answering the questions and supplying the requested information concerning the reasons for applying for DUA benefits.

Section D., Additional Employment Information: Applicants must enter additional employment information.

Section E., Other Compensation: Supply information concerning any benefits, income protection insurance payments, holiday/vacation pay and pension/retirement benefits that has been received, is currently being received or is pending.

ETA 81 Page 2

List Applicant's Last Name and Social Security Number

Section F., Other Information (All Applicants): Applicant's anticipated return to employment/self-employment date.

Section G., Farming Activity (If Applicable): This section is to be completed by applicants who were engaged in farming at the time of the disaster. Supply all requested information concerning farm products that are being raised or held for sale and income. Describe in detail the specific damage that was sustained by crops, livestock, equipment or buildings. It is extremely important to supply complete and accurate information concerning the damage sustained in the disaster. The back of the form should be used, if needed, to supply complete information.

Section H., Fishing Activity (If Applicable): This section is to be completed by applicants who were engaged in fishing at the time of the disaster. Answer the five (5) questions concerning the applicant's involvement in fishing activities. If applicable, supply the requested information concerning repair activities. It is extremely important to supply complete and accurate information concerning repairs. The back of the form should be used, if needed, to supply complete information.

Applicant Certification: If the application is being taken in-person, the applicant should read this section carefully after reviewing the information that has been supplied on the form. If the application is taken by telephone, the DES representative should briefly review the supplied information and read the certification to the applicant. The applicant must be able to respond that the information given is correct. No applicant signature is required if the application is taken by telephone. In all cases, the DES representative should sign and date the form.

Completed forms may be mailed to the Special Programs Unit at the address listed below or faxed to 919-715-8423.

NC Department of Commerce
Division of Employment Security
Attention: Special Programs Unit/DUA
P. O. Box 25903
Raleigh, NC 27611-5903