



FORM 1

UNEMPLOYMENT ASSISTANCE BENEFIT
Application



Section A: Applicant Identification

Surname		First Name	
Social Security Number		Telephone No (H) (C) (W)	
Date of Birth ____ / ____ / ____ Day Month Year		Sex M <input type="checkbox"/> F <input type="checkbox"/>	
Address			
Mailing Address (if different from above)			
Bank NCBA <input type="checkbox"/> SCOTIA <input type="checkbox"/> FCIB <input type="checkbox"/>		Account Number	

Section B: Eligibility

Name of last Employer		
Were you employed with this employer on 6 September 2017?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been unemployed/underemployed after Hurricane Irma?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you still unemployed/underemployed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, state with whom you have sought employment i. _____ ii. _____ iii. _____		
If underemployed Name of present employer _____ Address _____ Salary _____ EC <input type="checkbox"/> US <input type="checkbox"/>		
Are you currently in receipt of another Social Security benefit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes. please state the benefit		

I, _____ declare that the information given above is true to the best of my knowledge and I assume full responsibility as to its correctness. I also undertake to notify the Director of Social Security at the Social Security office as soon as I return to gainful employment if that occurs before the 28th day of February 2018.

Signature of Employee

Date

FOR OFFICIAL USE ONLY

Date Received _____	Received by _____
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FORM 2
UNEMPLOYMENT ASSISTANCE BENEFIT
RECORD OF EMPLOYMENT
VALIDATION



Name of Employer	Telephone Number
Mailing Address	
Mailing Address before Hurricane Irma (if different)	
Was this employee employed with you prior to Hurricane Irma i.e. September 6 2017?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes. please state date employee started in your employment	____ / ____ / ____ <small>Day Month Year</small>
Was this employee released from your employment strictly as a result of Hurricane Irma?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this employee currently in your employment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you intend to rehire this employee?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes. can you indicate the anticipated date	____ / ____ / ____ <small>Day Month Year</small>

Signature of Employer / Authorized person

Business Stamp

Date