

Application for Assistance under the Self-Employment Benefit (SEB)

Section A – Personal Information

		SOCIAL INSURANCE NUMBER	
Surname		Given Name	
Address			
City		Province	Postal Code
Area Code & Telephone Number	Other Contact Telephone Number		E-mail address
Date of Birth (YYYY-MM-DD)		Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>	
Have you self-identified as having a permanent disability or mental impairment that restricts your ability to perform daily activities? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, how does this permanent disability or mental impairment restrict your ability to perform daily tasks? Please explain:			
Are you a Canadian citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		Permanent Resident? Yes <input type="checkbox"/> No <input type="checkbox"/>	
What is your preferred language of service? English <input type="checkbox"/> French <input type="checkbox"/>		What is your preferred language of correspondence? English <input type="checkbox"/> French <input type="checkbox"/>	
Do you consider yourself to be a member of a visible minority? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you a member of an Aboriginal Group? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Section B – Eligibility

Have you applied for or are you currently in receipt of Employment Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you had an Employment Insurance claim that ended in the past 36 months? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you had an Employment Insurance claim (maternity or parental) that began within the past 60 months, and are you now re-entering the work force after having left it to care for a new born or adopted child? Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your business already been registered? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when?	Are you currently active in this business or any other business venture? Yes <input type="checkbox"/> No <input type="checkbox"/> Please explain:	

Section C – Client Goal and Contribution

What are you contributing towards establishing your own business and how will this contribution be used? This can include in-kind or cash contribution (25% personal investment).

Section D – Budget Worksheet and Financial Information

It is necessary that all applicants complete the following budget summary of their monthly income and expenses including the anticipated costs of self-employment to support their application for financial assistance and referral under the Self-Employment Benefit.

1A – Monthly Income

	Self	Other
Employment Income	\$	\$
EI Benefits	\$	\$
Income/Social Assistance	\$	\$
Alimony/Child Support	\$	\$
Self Employment	\$	\$
Pension Income	\$	\$
Disability Income	\$	\$
Worker Compensation Benefit (WCB)	\$	\$
Canada Pension Plan (CPP)	\$	\$
Child Tax Benefits	\$	\$
Severance Pay	\$	\$
Income from rental properties	\$	\$
Other	\$	\$
TOTAL	\$	\$

1B – Other Anticipated Sources of Funding

	Amount
Savings	\$
Investment Income	\$
Family/Parent/Guardian	\$
Other	\$
TOTAL	\$

1C – Monthly Expenses

	Amount
Rent/Mortgage/Room and Board	\$
Property Taxes	\$
Utilities	\$
Telephone	\$
Clothing	\$
Food	\$
Transportation	\$
Child Care (after subsidy)	\$
Insurance (car, life, and house)	\$
Entertainment	\$
Credit Card/Loan Payments	\$
Alimony/Child Support	\$
Expenses for disability needs	\$
Student Loans	\$
Miscellaneous Expenses	\$
TOTAL	\$

1D – Incremental Costs Associated with Self Employment

	Amount
Weekly Basic Living Costs	\$
Tuition for Entrepreneurial Training	\$
Dependent Care	\$
Disability Needs	\$
Transportation	\$
Other Personal Supports	\$
Living Away from Home	\$
Other Costs	\$
TOTAL	\$

2. Do you currently have either

- i. An order or judgment for maintenance, alimony or family financial support against you, Yes No or
- ii. An obligation under an agreement for the payment of maintenance or family financial support in respect of which a garnishee summons has been served under the Family Orders and Agreements Enforcement Assistance Act?
Yes No

Please describe the particulars of this situation:

Section E – Supporting Documentation

The following documents must be attached to support your request for Self-Employment Benefits. Please check that each item is attached to this application.

- Return to Work Action Plan that identifies the appropriateness of Self-Employment and employment barriers
- Letter of support and rationale from the Self-Employment Coordinator
- Resume which includes the applicant's education and work history
- Summary of business concept
- Evidence of a Personal Investment
- Documentation to support request for additional costs

Attestation:

I declare that:

- a) I have read and understood the information provided in this application package.
- b) The information I have provided to Employment Nova Scotia in this application and supporting documentation is true, accurate and complete in every respect;
- c) If the information described above is false or misleading, I may be required to repay some or all of the financial assistance that may be approved by Employment Nova Scotia; and
- d) I have been informed that information on this form is collected under the authority of the Employment Insurance Act, and the Nova Scotia Freedom of Information & Protection of Privacy Act and is to be used for the administration of the employment benefit or support measure to which you have applied. Under the provisions of the Nova Scotia Freedom of Information and Protection of Privacy Act individuals have the right to protection of and access to their personal information. To obtain access to, or to request correction of your personal information collected and used by NS Labour & Workforce Development please contact the Department's Information Access & Privacy Manager by email LWDaccess@gov.ns.ca or phone (902) 424-8472. The personal information collected will only used and disclosed in keeping with the access and privacy provisions of the Nova Scotia Freedom of Information and Protection of Privacy Act and the Nova Scotia Personal Information International Disclosure Protection Act. Personal information provided may be shared with Revenue Canada in keeping with the data-sharing provisions of the Labour Market Development Agreement.

Name of Applicant	Signature of Applicant	Date (DD/MM/YYYY)

Statement from Case Manager:

I, _____, (name), working for _____

(name of organization), have completed an assessment of this client's employment situation and agree or disagree that the Self-Employment Benefit applied for is the most appropriate to assist the client in obtaining employment for the following reasons:

Signature	Date	Telephone Number
Application received by Employment Nova Scotia on (date) (DD/MM/YYYY):		

