



## APPLICATION FOR ASSISTANCE UNDER THE SELF - EMPLOYMENT BENEFIT (SEB)

### INFORMATION SHEET

The objective of the Self-Employment (SE) Benefit is to help selected unemployed individuals start their own businesses.

#### General Information

Before Human Resources and Skills Development Canada (HRSDC) can assess your application, it will be necessary for you to receive a needs determination and develop a Return-to-Work-Action Plan (RTWAP) with a case manager. If you do not currently have an Employment Counsellor/Case Manager to develop your RTWAP, contact your local Human Resource Centre of Canada (HRCC) who can advise you on where to receive this service.

Specific documentation must accompany this application. Please see Section F of this form for a complete list.

After you have developed your business idea, your application for Self-Employment **must** be approved by the Commission / HRDC and a Self-Employment Grant Agreement signed with the Commission **before** you continue to work on your business plan. You **will not be** approved for the Self-Employment Benefit if you have started your business prior to making this application.

If you are working, **do not quit your job**, as this may affect your eligibility for assistance under the Self-Employment Benefit.

You must also complete an Environmental Questionnaire at the time of your application. You may also be required to complete an Environmental Assessment for your new business, at your expense, as per the *Canadian Environmental Assessment Act* prior to implementing your business plan.

#### Personal Investment

Under the SE Program, the eligible participant must provide evidence of a personal investment. This personal investment is over and above the financial assistance and additional costs.

You will be required to demonstrate that you will contribute 25% in personal investment towards the business.

Example: The HRCC agrees to provide financial assistance for a total amount of \$13,000 for the duration of the agreement.

The participant must contribute a personal investment of \$3,250 (equal to 25%) in cash or in kind contribution.

The following examples could be considered as proof of equity:

1. a bank statement showing at least the minimum investment for the proposed venture;
2. evidence of a loan or line of credit;
3. proof of ownership of equipment or materials that will assist you in your business;

Guidelines for the delivery of the Self-Employment Benefit may be subject to provincial/territorial requirements. Please contact your local HRCC for the guidelines that apply in your region.

#### Eligibility

Applicants must be legally entitled to work in Canada.

You must use this application form to make your request for financial assistance under the Self-Employment Benefit. The date your completed application is received by HRSDC is the date when you are considered to have requested assistance for the purpose of determining whether you qualify as an insured participant.

To be eligible for the Self-Employment Benefit, a person must meet the definition of an insured participant under Section 58 of the EI Act.

"Insured participant" means an insured person who requests assistance under employment benefits and when requesting that assistance is an unemployed person

- a) for whom a benefit period is established or whose benefit period has ended within the previous 36 months; or
- b) for whom a benefit period has been established in the previous 60 months and who
  - (i) was paid special benefits under section 22 (maternity) or 23 (parental) during the benefit period,
  - (ii) subsequently withdrew from active participation in the labour force to care for one or more of their new-born children or one or more children placed with them for the purpose of adoption, and
  - (iii) is seeking to re-enter the labour force

### **Note to Applicants Regarding Lobbying**

Applicants are responsible for ensuring that any person lobbying on their behalf is registered with Industry Canada pursuant to the *Lobbyist Registration Act*. In addition, applicants who seek outside assistance to solicit, negotiate or obtain a grant from the department may not pay a contingency fee for such assistance.

At the agreement stage, applicants requesting funding of \$25,000.00 or more will be asked to declare that the requirements concerning lobbyist registration and contingency fees have been met.

Lobbyists may register online through the Industry Canada Strategis Web Site free of charge. For further information, please contact (1-800-328-6189). Please note that there is a fee for registering by paper.

### **Privacy and Access to Information**

Information on this form is collected under the authority of the *Employment Insurance Act*, and is to be used for administration of the employment benefit to which you have applied. Under the provisions of the *Privacy Act*, individuals have the right to protection of and access to their personal information. It will be retained in the Personal Information Bank, Human Resources and Skills Development Canada PPU 293. Instructions to obtain access to your personal information are found in the Info Source publication, available at Human Resource Centres of Canada or on the Internet through The Treasury Board Secretariat Web Site. The information may also be used for policy analysis, research and/or evaluation purposes. In order to conduct these activities, information under the custody and control of HRDC may be linked.

### **Income Tax**

Under the *Income Tax Act*, financial assistance paid to insured participants is included as income for tax purposes. Human Resources and Skills Development Canada will deduct tax at source from financial assistance payable to insured participants with the exception of tuition and dependant care costs.

**Before this application can be considered for approval you must submit a Return-to-Work-Action-Plan and a Resumé containing your education and work experience.**



Human Resources and Skills Development Canada / Ressources humaines et Développement des compétences Canada

**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 NO.	OTHER CONTACT TELEPHONE NO.		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**

1. Have you applied for or are you currently in receipt of Employment Insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Have you had an Employment Insurance claim that <b>ended</b> in the past 36 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Have you had an Employment Insurance claim (maternity or parental) that <b>began</b> 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"/>
4. Has your business name already been registered?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, when?	
5. Are you currently active in this business or any other business venture?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, Please explain:	

**Section C - Client Goal and Contribution**

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

**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:**

	<b>Self</b>	<b>Other</b>
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	\$	\$
<b>Total:</b>	\$	\$

**B - Other Anticipated Sources of Funding:**

	<b>Amount</b>
Savings	\$
Investment Income	\$
Family/Parent/Guardian	\$
Other	\$
<b>Total:</b>	\$

**C - Monthly Expenses:**

	<b>Amount</b>
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	\$
<b>Total:</b>	\$

**D - Incremental Costs Associated with Self-Employment:**

	<b>Amount</b>
Weekly Basic Living Costs	\$
Tuition for Entrepreneurial Training	\$
Dependent Care	\$
Disability Needs	\$
Transportation	\$
Other Personal Supports	\$
Living Away From Home	\$
Other Costs	\$
<b>Total:</b>	\$

2. Do you currently have either

i) an order or judgment for maintenance, alimony or family financial support against you, or

Yes  No

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 on the Department of Justice under the Family Orders and Agreements Enforcement Assistance Act?

Yes  No

Please describe the particulars of this situation:

**Section E - Declaration - Amounts owing in Default to the Government of Canada**

<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>▶ The information you provide below is collected in accordance with the Treasury Board Policy on Transfer Payments (pursuant to section 7 of the <i>Financial Administration Act</i>).</li> <li>▶ While the completion of this declaration is optional, failure to do so may result in denial of funding.</li> </ul> <p>Do you, the applicant, owe any amounts that are in default to the Government of Canada under legislation or contribution agreements?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please complete the following chart:</p>		
Amount in Default Owing	Nature of the Amount in Default Owing (taxes, penalties, overpayments etc)	Name of Government Department or Agency to Which the Amount in Default is Owed
\$		
\$		
\$		
\$		

**Section F - Supporting Documentation**

<p>The following documents must be attached to support your request for Self-Employment Benefits. Please check that each item is attached to this application.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Return-to-Work-Action-Plan that identifies the appropriateness of Self-Employment and employment barriers</li> <li><input type="checkbox"/> Letter of support and rationale from the Self-Employment Coordinator</li> <li><input type="checkbox"/> Resumé which includes the applicant's education and work history</li> <li><input type="checkbox"/> Summary of Business Concept</li> <li><input type="checkbox"/> Evidence of a Personal Investment</li> <li><input type="checkbox"/> Applicant Questionnaire on Environmental Issues (Available from local HRCC)</li> <li><input type="checkbox"/> Other supporting documents - such as proof of personal investment</li> <li><input type="checkbox"/> Documentation to support request for additional costs</li> </ul>
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**Attestation:**

I declare that:

- (a) I have read and understood the information provided in this application package;
- (b) The information I have provided to the Commission 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 the Commission;
- (d) The information provided, with respect to amounts owing in default to the Government of Canada, is true and accurate. I recognize that amounts payable to me under any future contribution agreement may be deducted from, or set-off against, any such amounts owing to the Government of Canada.

I authorize:

- (a) the Minister of Human Resources and Skills Development to disclose all information contained in this application concerning an amount in default owing to a government institution listed in Section I to the institution concerned for the purpose of verifying the amount and status of debt, and
- (b) the government institution listed in Section I to disclose to the Minister all particulars and information relevant to the debt solely for the purposes of the administration of my application in connection with my declaration as to amounts owing to the federal government that are in default.

Name of Applicant:	
Signature of Applicant	Date:

**Application received by HRSDC \_\_\_\_\_ Date \_\_\_\_\_**

**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 most appropriate to assist the  
client in obtaining employment for the following reasons:

Signature \_\_\_\_\_

Date \_\_\_\_\_

Telephone Number (     ) \_\_\_\_\_