

Self Employment Benefit Program Client Application Form

Community Futures helps communities adjust to structural and economic changes; to plan for productive uses of the community labour force; and to maintain and increase local employment opportunities.

Self Employment Program

The Self-Employment Program helps people who are unemployed and wish to start their own business. The program offers income benefits for up to 52 weeks, as well as business skills development and counseling for new entrepreneurs. If your business plan is approved for funding, the amount you will receive is based on your current weekly EI claim.

Self Employment Program Criteria

Successful applicants must:

- Have a current EI claim or have had an EI claim in the past three years, or a maternity or parental claim in the past five years
- Be unemployed
- Reside within the Peace Liard Region
- Want to start a new business – one that you have not had ownership in before
- Have a controlling interest in the proposed business
- Demonstrate the potential for long-term employment creation
- Business ideas are expected to provide the applicant with full-time (35 hours per week) employment
- Be legally entitled to work in Canada
- Have no previous participation in the SE Program in the past 5 years

***You cannot start your business until you have been approved you to do so.**

The Application Process

Those interested in applying for the Self Employment Benefit Program must first be referred from their local EAS office where they have completed a Return To Work Action Plan (RTWAP); applicants are then required to complete and submit a Business Concept Summary and this application form.

Costs

Review and presentation of the business plan is free of charge.

Other CFPL Programs & Services

In addition to the Self-Employment Benefit Program, Community Futures also offers the following services:

- Commercial Loans Program
- Business Counseling
- Entrepreneurial Skills Development
- Business Library
- Internet Access
- Trade Shows and Seminars

Application Process

- Step 1** All applicants must meet with a referral agency prior to proceeding with the application process for the Self Employment Benefit Program
- Step 2** Complete Return To Work Action Plan (RTWAP) at their local referral agency
- Step 3** Complete Self Employment Benefit Program application form
- Step 4** Attend Self Employment Info Session or meet with Self Employment Coordinator to discuss Phase 1 & 2 approval processes
- Step 5** Complete Business Concept Summary with the assistance of the Self-Employment Coordinator
- Step 6** Sign Contract for Phase 1 of Self Employment Program (ten weeks is given to complete the business plan for approval to Phase 2) and review Business Plan workshop needs
- Step 7** Work on business plan and cash flow, secure financing if needed
- Step 8** Review business plan, market research and cash flow with SE Staff
- Step 9** Business plan is presented to Review Committee by SE Staff for approval to Phase 2 of the SE Program.
- Step 10** Sign Contract for Phase 2. Review program requirements, training, monthly reporting, etc. with SE Staff

***Self Employment Benefit Program
Applicant's Preliminary Qualification Checklist***

Name _____

Proposed Business Idea _____

Proposed Business Location _____

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Are you legally entitled to work in Canada? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Are you a resident of the Peace Liard Region? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Are you establishing your business in the Peace Liard Region? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you received a Self Employment Assistance grant in the last 5 years? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you agree to work full time during and after the program to establish a new business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Will there be an outside third party controlling the business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Are you prepared to invest 25% of your overall Self Employment Benefits funding (cash and/or assets) in the business, which will not include money received under other government programs? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Will the business be new, independent and not founded on a commission basis? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Do you have an established Employment Insurance claim? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Have you received Insurance Benefits in a period that ended no more than 3 years ago? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Are you re-entering the work force after a maternity or parental claim that began no more than 5 years ago? |

The personal information that you provide in this application is held in bank EIC/P-PU, which may be accessed under the Privacy Act. Consult the Personal Information Index available at any Canada Employment Centre.

Signature of Applicant

Date Signed

***Self Employment Benefit Program
Applicant's Information Sheet***

Name _____ Date _____

Address _____

City _____ Postal Code _____

Home Phone _____ Other Phone/Fax _____ E-Mail _____

Social Insurance Number _____

Date of Birth (yy/mm/dd) ____/____/____ Gender Male Female

Are you a Canadian Citizen? _____ Landed Immigrant? _____

Preferred Language Spoken English French

Preferred Language Written English French

Answering the following four questions is optional, and is for statistical information only:

Do you consider yourself to be a member of a visible minority? Yes No

Are you a member of an Aboriginal Group? Yes No

Do you consider yourself to be a person with a permanent disability or mental impairment that restricts your ability to perform daily activities? Yes No

If yes, how does this permanent disability or mental impairment restrict your ability to perform daily tasks?

Additional Background Information

Your age: 18-24 25-34 35-44 45-54 55+

Dependants (excluding spouse) _____

Marital Status: Single Married Separated Divorced

For marketing information, would you please tell us how you heard of the Self Employment Program?

Radio Newspaper TV Friend EI Other _____

Eligibility

Have you applied for or are you currently in receipt of Employment Insurance? Yes No

Have you had an Employment Insurance claim that **ended** in the past 36 months? Yes No

Have 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 newborn or adopted child?
 Yes No

Has your business name already been registered? Yes No

If yes, when? _____

Are you currently active in this business or any other business venture? Yes No

If yes, please explain: _____

Qualifications

Highest Grade / Diploma / Degree _____ Year Completed _____

Province _____ Certificates / Diplomas / Degrees _____

Have you taken or are you taking a Canada Employment Centre Training Program? Yes No

If yes, Course Title _____ Date Completed _____

Work History

Resume Attached Yes No

Company Name of Last/Present Employer	Address	Type of Business
Job Title	Gross Wages Received	Employment Period From _____ To _____
Main Duties/Responsibilities		Reasons for Leaving

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Company Name of Last/Present Employer	Address	Type of Business
Job Title	Gross Wages Received	Employment Period From _____ To _____
Main Duties/Responsibilities		Reasons for Leaving

Other Skills / Experience (Including non-paid/voluntary work, equipment you can operate, special training, trades licenses)

Client Contribution

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, but must equal 25% of your overall Self Employment Benefit funding. Copies of documents from personal investments will be required.

Cash \$

Equipment

Quantity	Description	Model	Serial #	Year	Present Value

Vehicles

Make/Model Registration#	License #	Year	Mileage	Purchase Price	Present Market Value	Estimated Equity

Real Estate

Description	Monthly Payment	Amount Owing	% Used for Business	Present Market Value	Estimated Equity

$$\left(\frac{\text{mortgage or rental rate}}{\text{monthly payment}} \times \frac{\% \text{ used for business}}{\% \text{ used for business}} \times 12 \right) + \left(\frac{\text{estimated equity}}{\text{present market value}} \times \frac{\% \text{ used for business}}{\% \text{ used for business}} \right) = \text{personal investment amount}$$

Other Financial Information

Are you currently receiving Income Assistance? Yes No

If yes, what is the monthly amount received? \$ _____

If yes, is your MEIA case manager aware of your intention to apply to the Self Employment Benefit Program? Yes No

Are you currently receiving income from any of the following sources:

Alimony/Child Support Yes No If yes, monthly amount received: \$ _____

Pension Income Yes No If yes, monthly amount received: \$ _____

Disability Income Yes No If yes, monthly amount received: \$ _____

Worker Compensation Benefit (WCB) Yes No If yes, monthly amount received: \$ _____

Canada Pension Plan (CPP) Yes No If yes, monthly amount received: \$ _____

Child Tax Benefits Yes No If yes, monthly amount received: \$ _____

Severance Pay Yes No If yes, monthly amount received: \$ _____

Income from Rental Properties Yes No If yes, monthly amount received: \$ _____

Do you currently have either

1. An order or judgment for maintenance, alimony, or family financial support against you? Yes No or
2. 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 the situation:

Declaration of Amounts Owning in Default to the Government of Canada

The information you provide below is collected in accordance with the Treasury Board Policy on Transfer Payments (pursuant to section 7 of the *Financial Administration Act*).

While the completion of this declaration is optional, failure to do so may result in denial of funding.

Do you, the applicant, owe any amounts that are in default to the Government of Canada under legislation or contribution agreements? Yes No

If yes, please complete the following chart:

Amount in Default Owning	Nature of the Amount in Default Owning (taxes, penalties, overpayments, etc.)	Name of Government Department or Agency to Which the Amount in Default is Owed
\$		
\$		
\$		
\$		

Attestation

I declare that:

- a. I have read and understood the information provided in this application;
- b. The information contained in this application is true, accurate, and complete in every respect;
- c. If the information described in this application is false or misleading, I may be required to repay some or all of the financial assistance that may be approved by Community Futures or Service Canada;
- 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. Community Futures to disclose all information contained in this application concerning an amount in default owing to a government institution listed above (**Declaration of Amounts Owning in Default to the Government of Canada**) to the institution concerned for the purpose of verifying the amount and status of debt, and
- b. The government institution listed above 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.

Signature _____

Date _____

Authorization to Disclose and Exchange Information

APPLICANT'S CONSENT FORM

I, _____, SIN # _____
First Middle Surname

authorize Service Canada, Ministry of Employment and Income Assistance (BC), Ministry of Advanced Education, Training and Technology BC, applicable Employment Assistance Service agency (referral), and Community Futures Peace Liard to disclose/exchange my personal information with regard to the following:

1. Confirmation of my eligibility for employment benefit programs offered by Service Canada, MEIA, and MATT
2. My training, employment history, needs, and Service Canada income support
3. My progress and action plan
4. Follow-up results to my Return To Work Action Plan (RTWAP)
5. Attendance at scheduled interviews and interventions for the aforementioned agencies

The information disclosed/exchanged will be treated as confidential and will be used solely by:

1. Community Futures Peace Liard to administer labour market programs and services
2. Service Canada to evaluate employment and savings to the EI Fund
3. The Ministry of Employment and Income Assistance to determine continued eligibility for Income Assistance
4. The Ministry of Advanced Education, Training and Technology and EAS agencies to determine program eligibility

I also authorize Community Futures Peace Liard to disclose/exchange personal and financial information with ADP (third party payroll service) to provide benefit payments to me and Caorda Solutions for generating documents and forms (T4-Es) requested by Canada Revenue Agency.

Name of Client (Please Print) _____

Signature of Client _____ Date _____
Y M D

Name of Authorized Signatory of CFPL (Please Print) _____

Authorized Signature of CFPL _____ Date _____
Y M D