

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

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

General Information

Before Employment Nova Scotia (ENS) 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 Counselor/Case Manager to develop your RTWAP, contact your local ENS or Service Canada office who can advise you on where to receive this service.

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

After you have developed your business idea, your application for Self-Employment **must** be approved by ENS and a Self-Employment Grant Agreement signed with ENS **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.

Personal Investment

Under the SEB 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 toward the business.

Example: The ENS 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 a 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 regional requirements. Please contact your local ENS office for guidelines that may apply in your region.

Eligibility

Applicants must be legally entitled to work in Canada.

You must use the application form NS EMP5260 to make your request for financial assistance under the Self-Employment Benefit. The date your completed application is received by ENS 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.

An "insured participant" is defined in the Act as a person who requests assistance under an employment benefit and, when requesting that assistance, is an unemployed person

- (a) For whom a benefit period is established under the Act 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 lobbyists

Applicants are responsible that any person lobbying on their behalf is registered with Service Nova Scotia and Municipal Relations pursuant to the *Lobbyists' Registration Act*. In addition, applicants who seek outside assistance to solicit, negotiate or obtain a contribution from the department may not use Employment Nova Scotia contribution funds to pay a contingency fee for such assistance.

At the agreement stage, applicants requesting funding of \$25,000 or more will be asked to declare that the above requirements concerning lobbyist registration and contingency fees have been met.

Lobbyists may register on-line, by mail, by fax or by dropping off a form at any Access Nova Scotia location. For further information please go to www.gov.ns.ca/lobbyist or contact 1-800-670-4357.

Income Tax:

Financial assistance paid to insured participants is included as income for tax purposes. Tax will be deducted at source from financial assistance payable to insured participants with the exception of dependent care costs and tuition including tuition for Adult Basic Education which is no longer subject to tax. In most cases you will be able to claim the tuition tax credit for tuition that you pay in order to take a course. However, you will not be able to do so if the training institution you attend is not eligible to issue tuition receipts for purposes of the tuition tax credit. You should check with any potential training institutions to make sure it is eligible to issue these receipts (T2202). If the institution is not eligible, you should know that you will not be able to reduce the income tax you have to pay on the money you receive for tuition costs by means of the tuition tax credit. Education tax credits are now available to individuals who receive federal assistance to attend school.

Privacy and Access to Information:

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.



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Application for Assistance under the Self-Employment Benefit

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)
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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):		