SELF-EMPLOYMENT PROGRAM
QUESTIONNAIRE AND ACCEPTANCE OF TERMS

The personal information requested on this form is collected under the authority of the Employment and Assistance Act and/or the Employment and Assistance for Persons with Disabilities Act for the purposes of establishing eligibility for assistance under those Acts. The collection, use and disclosure of personal information are subject to the provisions of the Freedom of Information and Protection of Privacy Act. Specific questions about this form may be directed to your local Employment and Assistance Office.

CLIENT NAME

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1. □ YES □ NO Do you have a business loan for your business?
2. □ YES □ NO Is the total value of your Business Assets greater than $25,000?

What is the estimated dollar value of your:
- Business inventory, products, supplies
- Business equipment & tools
- Cash in your business bank account
- Business loans received, not spent

TOTAL VALUE BUSINESS ASSETS:

3. □ YES □ NO Do you have accounting or legal expenses for your business?
4. □ YES □ NO Do you have business insurance?
5. □ YES □ NO Do you have paid employees in your business who are not members of your family unit?
6. □ YES □ NO Do you make employer contributions for your employees to either, Employment Insurance, Workers' Compensation Benefits or Canada Pension Plan?
7. □ YES □ NO Do you have a Business Plan that was required by the Ministry of Social Development and Social Innovation (SDSI) for this business?

If you answered YES to any of the above, you may be asked to complete the Self-Employment Program Monthly Report (HR2988L)

If you answered NO to all of the above, or as otherwise directed by MSD staff, you are to complete the Simplified Self-Employment Program Monthly Report (HR2988S) each month. You will also be asked to indicate the value of your business assets monthly, twice yearly or as the ministry deems necessary. If your business deductions are greater than 25% of your gross earnings, you will be asked to provide receipts

8. □ YES □ NO Is this a new business?

If YES, please append the following to this form:
a) a description of your business including:
   - the products or services you earn income from;
   - the size of your business including the number of employees, if any;
   - any business loans you may have;
   - estimated gross earnings in a year.
b) a statement of the value of your business assets (see question 2 above) and liabilities.

Declaration

I hereby declare that the above information I have provided is true and complete. I furthermore agree to abide by the terms and conditions of the Self-Employment Program, as set out in the Employment and Assistance Act and regulations and the Employment and Assistance for Persons with Disabilities Act and regulations. When required to do so by staff of SDSI, I agree to provide any additional information about my business as needed by SDSI, and I understand that SDSI has the right to verify and audit the information I have provided.

CLIENT SIGNATURE

PRINT NAME

DATE SIGNED (YYYY MMM DD)