

## APPLICATION SELF EMPLOYMENT PROGRAM

Name of Applicant:		SIN #:
Date of Birth:	Day	Month
		Year
Mailing Address:		City/Town
Province:	Postal Code:	Telephone:
Residence <input type="checkbox"/> On Reserve <input type="checkbox"/> Off Reserve First Nation _____ Band No. _____ State Province if First Nation is outside Ontario _____		
Are you legally entitled to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Youth (24 years or under) <input type="checkbox"/> Disabled		
For the purpose of this form, a person with a disability is one who, because of a long term recurring physical or mental condition, experiences difficulties in carrying out the activities of daily living. If you consider yourself to be a person with a disability, please describe the nature of your disability:		
Have you received funding through Shooneyaa Wa-Biitong or HRDC previous to this? If YES, state when and explain nature of funding.		
Have you requested funding for this program from any other agency? If YES, state when and explain the nature of funding. If denied, state the reasons why.		
Have you ever been involved in self employment activities? _____ If yes, please explain:		
CURRENT STATUS <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self Employed		
Estimated monthly Income presently receiving		
• WCB	\$ _____	ODSP \$ _____
• Employment Insurance	\$ _____	Self Employment Income \$ _____
• Social Assistance	\$ _____	
• Employment Income	\$ _____	
• Other	\$ _____	Explain _____
• Unemployed No Income	_____	

## EXPECTATIONS/ GOALS

In summary, state what your expectations and self-employment goals are, (should your application be accepted) once the program is completed.

Please provide a brief summary of your business idea: (ie. Product, Services, Market etc.)

## SIGNATURE

I certify that the above information is accurate and true to the best of my knowledge. If funding is approved, I will adhere to Shooniyaa Wa-Biitong program policy guidelines. Failure to do so or knowingly providing false information will result in funding (if approved) being revoked.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Official Use Only:

Insert File Number:

Date Received: \_\_\_\_\_

--	--	--	--	--	--

Program Staff Signature \_\_\_\_\_