

**SELF EMPLOYMENT – PHASE 1
CONTINUING ELIGIBILITY DECLARATION**

Social Insurance Number	
Name of Participant	Telephone Number
Business Name (If you have one)	Address
Type of Business Venture	
For what period are you reporting? FROM _____ to _____ (1 or 2 week Period)	

Please check the appropriate response to each question.

YES

NO

1. Are you working on your business plan full time (35 hrs/wk)?

Please Explain any "NO" answers:

2. Have you taken any vacation or sick time more than two days?

3. Has there been any change in business idea from the original idea?

Please Explain any "YES" answers:

4. Provide your comments on the progress of your business plan (attach an extra page if needed).

Participants Signature _____ Date _____

**RETURN COMPLETED FORM TO THE CFDC OFFICE AT 266 OLIVER STREET OR
FAX TO 392-4813. FAILURE TO DO SO WILL RESULT IN A DELAY OF CLAIM**