

**SELF EMPLOYMENT
CONTINUING ELIGIBILITY DECLARATION**

Social Insurance Number	
Name of Participant	Telephone Number
Business Name	Address
Types of Business Venture	Number of Employees (Not including Self)
For what period are you reporting? FROM _____ to _____ (2 week Period)	

Please check the appropriate response to each question.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Are you working on your business full time (35 hrs/wk)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you still operating in accordance with your business plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is your business bank account still active? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are your business books up to date? (Within 45 days) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you still operating in the same location? | <input type="checkbox"/> | <input type="checkbox"/> |

Please Explain any "NO" answers:

- | | YES | NO |
|---|--------------------------|--------------------------|
| 6. Have you taken any vacation or sick time more than two days? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has there been any change in business ownership? | <input type="checkbox"/> | <input type="checkbox"/> |

Please Explain any "YES" answers:

8. Please report any **employed** earnings for this time period. (*worked as an employee*) \$ _____
9. Provide your comments on the progress of your business (attach an extra page if needed). Please describe any changes in your business plan.

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**
 \\Server\hrdc\SEB Program\Self Employment Originals\Orientation\Eligibility Declarations