

WE ARE YOUR DOL



Unemployment Insurance Division
PO Box 1979
Albany NY 12201-1979

Self-Employment Assistance Program Certification

Instructions:

Use this form to claim Unemployment Insurance benefits while you are in the Self-Employment Assistance Program (SEAP). Each unemployment week begins on a Monday and ends on a Sunday. **Complete the form on the Monday following the week for which you are claiming benefits.** Your benefits may be delayed if the form is received before the end of the unemployment week or if the form is incomplete. Return the form by mail to the address above.

For faster service: Instead of mailing this form, claim benefits online at www.labor.ny.gov/signin. It is convenient and secure, and it also results in faster benefit payments. If you claim benefits online, you may do so from the Sunday at the end of the week for which you are claiming through the following Saturday.

Name (*print*): _____ Social Security number: _____ - _____ - _____

1. Enter the one-week period you are claiming Unemployment Insurance benefits for:

From Monday ____ / ____ / ____ to Sunday ____ / ____ / ____ (Month, Day, Year)

2. Did you work (**excluding self-employment**) in this week? YES NO

If "YES," complete "a" and "b."

a. How many days did you work? 1 2 3 4 or more

b. What were your gross earnings? \$ _____

3. Were there any days that you were not ready, willing or able to work for reasons other than self-employment? YES NO

If "YES," circle the day(s) you were not ready, willing or able to work: MON TUE WED THURS FRI SAT SUN

4. What were your gross earnings from self-employment for this week? \$ _____

5. Has your address changed since you last claimed benefits? YES NO

If "YES," please enter your new address:

Street _____

City _____ State _____ Zip _____

I certify the information I provided in this certification for SEAP benefits is true and correct. I understand the law provides penalties for making false statements. I understand that any false statements will result in immediate termination from the Self-Employment Assistance Program and may result in my benefits being delayed, suspended, or denied and that penalties may apply.

SIGNATURE _____

DATE _____

PHONE NUMBER (____) _____