

**Application for Self-Employment Benefit Program**  
**Inuit Pathways Funding Program**  
P.O. Box 116, Makkovik, Labrador A0P 1J0

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Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_

Social Insurance Number (SIN): \_\_\_\_\_

LIA Number: \_\_\_\_\_ Date of Birth (M/D/Y): \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: Male \_\_\_ Female \_\_\_ Marital Status: Single \_\_\_ Married \_\_\_  
Common-Law \_\_\_ Other \_\_\_

Telephone # : \_\_\_\_\_ Message # : \_\_\_\_\_

Are you currently EI eligible? YES \_\_\_ NO \_\_\_ Have you applied for EI? YES \_\_\_ NO \_\_\_

Are you currently receiving EI benefits? YES \_\_\_ NO \_\_\_ Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you received EI benefits in the last three years? YES \_\_\_ NO \_\_\_

Social Assistance Recipient? YES \_\_\_ NO \_\_\_ Other: YES \_\_\_ NO \_\_\_

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**IN ORDER TO BE ELIGIBLE FOR ASSISTANCE UNDER THIS PROGRAM, I UNDERSTAND, I MUST APPLY FOR ASSISTANCE BEFORE BUSINESS START-UP, AND WILL OPERATE THIS BUSINESS FULL TIME.**

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

**Summary of Business Concept**

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