The Self-Employment Assistance Program (SEAP) Withdrawal Form

Instructions: Submit your SEAP Withdrawal Form online, by mail to the address above or fax it to (518) 402-6586. If you fax it, do not mail the original. If you need more space, attach additional sheets. Keep claiming weekly benefits until a SEAP staff member contacts you. You must report any days you work in employment or self-employment when you claim weekly benefits.

To submit your SEAP withdrawal form online, go to: www.labor.ny.gov/signin.

1. Log in to your online services account.
2. Click on the envelope icon in the upper right to begin a new message.
3. Select “SEAP – Submit Withdrawal Form” as the subject line for your message.

Name: ___________________________ Last four digits of Social Security Number: [___ ___ ___ ___]

Telephone Number: ___________________________

1. Why do you want to withdraw from the SEAP?
□ Lack of money for business □ Enrolled in training/school
□ Did not earn enough □ Became employed
□ Other ___________________________

2. Did you start the business start-up process?
□ Yes – Answer questions 3 through 14
□ No – Skip questions 3 through 14

3. What was the name of your business? ___________________________

4. Was the business located in your home? □ Yes □ No
   If no, did the business own or rent the property where it was located? □ Own □ Rent

5. What kind of business did you start? ___________________________

6. Did you get a Federal Identification Number (FEIN) for your business? □ Yes □ No
   If yes, what is the number? ___________________________

7. Do you have a business checking account? □ Yes □ No

8. Do you have any accounts receivable? □ Yes □ No
   If yes, how will these accounts be collected?
9. Do you have any inventory?  
   If yes, what are your plans for this inventory?  
   □ Yes  □ No

10. Do you have any outstanding business debts?  
    If yes, please explain.  
    □ Yes  □ No

11. Do you have any other business obligations?  
    If yes, please explain.  
    □ Yes  □ No

12. Do you have any equipment that you bought for your business?  
    If yes, what are your plans for this equipment?  
    □ Yes  □ No

13. Did you promote your business?  
    If yes, please explain.  
    □ Yes  □ No

14. Are you still performing any activity for your business?  
    If no, on what date did you stop activity?  
    □ Yes  □ No
    ________________________________
    If yes, please explain.

15. Do you have any comments about the SEAP program?  
    ____________________________________________________________
    ____________________________________________________________
    ____________________________________________________________

I certify that the above is true and correct. I understand that I must report any activity I perform related to self-employment when I certify for weekly benefits, even if I did not earn any income. I understand that I must actively look for work and keep a record of my job search efforts.

________________________________________  ______________________
Signature                                      Date