



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:

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Telephone Number: _____

1. Why do you want to withdraw from the SEAP?

<input type="checkbox"/> Lack of money for business	<input type="checkbox"/> Enrolled in training/school
<input type="checkbox"/> Did not earn enough	<input type="checkbox"/> Became employed
<input type="checkbox"/> Other _____	
2. Did you start the business start-up process?

<input type="checkbox"/> Yes – Answer questions 3 through 14
<input type="checkbox"/> 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? Yes No
If yes, what are your plans for this inventory?

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

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

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

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

14. Are you still performing **any** activity for your business? Yes No
If no, on what date did you stop activity? _____
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