



**Employment Security Department**

WASHINGTON STATE

**Application for Self Employment Assistance Program**

Claims center

BYE

Name	Identification number	Telephone number (    )
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*Claimant's name and address:*

Return this form by mail to:  
**Employment Security Department**  
**CAT/Training Benefits Unit**  
**Seattle UI Claims Center**  
**P.O. Box 47076**  
**Seattle, WA 98146-7076**

This information is needed to make a decision on your unemployment claim. After receiving your response, if we need additional information we will contact you by phone.

You have the right to an interview by telephone or in person before a decision is made. If you want an interview, contact the claims center. You may have any person, including an attorney, assist you at the interview. You may present evidence, documents, or witnesses; cross-examine witnesses or parties present; and ask for a copy of all records or documents on the issue.

Please complete and return this questionnaire to the address above.

You may be eligible to participate in a self-employment assistance program and also receive your unemployment benefits. For a list of approved providers, see [www.esd.wa.gov/training-programs](http://www.esd.wa.gov/training-programs) or contact your nearest WorkSource office.

If approved, you do not have to look for work while participating. We will decide if you can be approved based on your answers to these questions.

**Note:** We do not pay for books, tuition or program-related fees. Approval does not extend the number of weeks you can collect unemployment benefits. Your unemployment benefits may run out before the end of your program. If you have any questions, call the CAT/Training Benefit Unit at 877-600-7701.

**Section 1 -- Self-Employment Program information**

1. Program provider information:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Program contact person: \_\_\_\_\_
2. Program name: \_\_\_\_\_
3. Program start date: \_\_\_\_\_
4. Program end date: \_\_\_\_\_

Name

Identification number

**Section 2 -- Applicant certification**

**I am applying for approval to participate in a self-employment assistance program. I understand this information may be verified and that I must promptly report any changes in the above conditions to the CAT/Training Benefit Unit at 877-600-7701.**

**I authorize my self-employment assistance program provider to release information to the Employment Security Department about my enrollment and participation in the program.**

**I understand that I must continue to seek work until I am notified that I am approved.**

**I understand that I cannot directly compete with my last employer for a period not to exceed one year after completing my program.**

The information I provided is true to the best of my knowledge.

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

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**Program provider certification**

I have reviewed Section 1, **Self-Employment Program information**, of this application. The information provided is correct to the best of my knowledge. We find the applicant has the skills, ability, aptitude and resources to successfully complete our self-employment assistance program.

We will certify to the applicant's participation in our program as required.

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

Title/Position \_\_\_\_\_ Phone \_\_\_\_\_

The Employment Security Department is an equal-opportunity employer and provider of programs and services. Auxiliary aids and services are available upon request to people with disabilities. Auxiliary aids may include qualified interpreters and telecommunication devices (TTY) for hearing- or speech-impaired individuals. Individuals with limited English proficiency may request free interpretive services to conduct business with the department.