

MISSISSIPPI DEPARTMENT *of* EMPLOYMENT SECURITY
Application of Self-Employment Assistance Program (SEAP)

Complete and return this form by email to msseap@mdes.ms.gov

or return completed form by mail to: Mississippi Department of Employment Security
SEAP Benefits
P.O. Box 23088
Jackson, MS 39225-3088

Claimant's Name _____

Mailing Address _____

Phone Number _____

Email Address _____

Business Name _____

Business Address _____

This information is needed in order to make a decision about your eligibility for self-employment assistance benefits. Please provide the requested information. You may be required to provide additional information after your application is reviewed. Providing false or misleading information may result in disqualification of eligibility or a denial of benefits in accordance with Mississippi Department of Employment Security unemployment insurance laws.

1. What business are you going to pursue? _____

2. Do you have a patented product or copyright? Yes No

If yes, what is the product: _____

3. Have you attempted to start a business before? Yes No

If yes, what type business: _____

Was this business a success? Yes No

4. Do you already have a business? Yes No

5. Is your business registered with MDES? Yes No

6. Do you have a business license or certificate? Yes No

7. With what occupation do you have the most experience? _____

8. How many years of experience do you have in this occupation? _____

9. List your last three (3) jobs, beginning with the most recent below:

BUSINESS NAME	POSITION	DATE STARTED	DATE ENDED

Application Certification

I certify that I am applying for approval with MDES to participate in SEAP. I understand that this information may be verified and I must report any changes in the information listed above to the Mississippi Department of Employment Security by email to msseap@mdes.ms.gov within three (3) business days of any changes. I understand that if I am contacted by MDES, I am expected to provide the accurate information.

I authorize any program/training provider/coach who is assisting me in starting my business to release information to the Mississippi Department of Employment Security about my enrollment, progress, and participation in the program/training or activities.

I understand that I must remain able and available and actively seeking work until I have received notification from MDES that I am approved for SEAP.

I certify that this information is true and correct to the best of my knowledge.

Printed Name: _____

Signature: _____ Date: _____