**Application**

***Paid Sick Leave Rebate – Self Employed***

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| --- | --- |
| Name of applicant  |  |
| Date of birth *(year/month/day)* |  |
| Employee is a Yukon resident *(resided in Yukon 180 days prior to the first day of leave)* | [ ] NO [ ] YES |
| Name of business *(as registered with Corporate Affairs, if applicable)*  |  |
| Business description  |  |
| Business sector  | [ ] Manufacturing [ ] Hospitality \_\_Agriculture [ ] Construction [ ] Mining \_\_Retail [ ] Technology [ ] Other \_\_\_\_\_\_\_  |
| Business start date (*year/month*) *Must be before March 1, 2020*  |  |
| Physical address  |  |
|  | Yukon  |
| Mailing address  |  |
| Daytime phone |  |
| Cell  |  |
| Email  |  |
| Number of work days claimed (*max. 10*)  |  |
| Leave start date *(year/month/day)* |  |
| Leave end date *(year/month/day)* |  |
| Date returned back to work *(year/month/day)*  |  |
| Total amount requested |  |
| Attach the following: * Copy of most recent Notice of Assessment from Revenue Canada;
* Copy of Income and Tax Benefit Return providing evidence of Self-Employment Income; and,
* Copy of business licence dated before March 1, 2020, proof of your office location (such as a utility bill, or lease), notice of assessment for the year or municipal business licence

If we approve your funding we can send it to you by direct deposit. You can [sign up for direct deposit](https://yukon.ca/en/doing-business/taxation/funding-and-support-business/sign-direct-deposit-payments), now. |

**APPLICANT DECLARATION AND SIGNATURE**

**Applicant declaration**

I am submitting this application for the purpose of obtaining financial assistance from the Government of Yukon for sick leave or self-isolation leave already taken. The statements herein are to the best of my knowledge, true and correct. I affirm that I understand the criteria and intent of the program and am applying to it in good faith.

I understand that all or part of this application may be made available to the public in accordance with the Access to Information and Protection of Privacy Act.

I understand the Government of Yukon or its agents may audit any or all of the records, including financial records of the recipient or its agents as is necessary to satisfy the Government of Yukon that the objectives and activities of the rebate program have been carried out and that the funds have been spent in accordance with the terms of this rebate program.

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| Signature of authorized representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Print applicant name: \_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  *YYYY/MM/DD* |

***Access to Information and Protection of Privacy Act***: Personal information on this form is collected under the authority of Section 29(c) of the *Access to Information and Protection of Privacy (ATIPP) Act* for the purpose of carrying out a program and/or providing financial assistance to the applicant. The collection, use and disclosure of your personal information is managed in accordance with the *ATIPP Act* and all or part of this information may be made available to the public. For more information about the collection, use and disclosure of your personal information, please contact the Department of Economic Development’s ATIPP coordinator/records officer 867-667-5946, or privacy officer/director of Finance, Administration and Systems 867-667-5933.