



New Hampshire Employment Security Pathway to Work Application Self Employment Assistance



Name: _____ Last 4 digits of SS#: _____

Mailing Address: _____
Street City State Zip

Resident Address (if different from Mailing Address)

_____ Street City State Zip

Phone Number(s): (Home) _____ (Cell) _____

Email Address: _____ Date Submitted: ____ / ____ / ____

Last Employer Details (Full-time permanent employment): Name of Employer: _____

Dates Worked: ____ / ____ / ____ To ____ / ____ / ____ Hours Worked Per Week: _____

Job title and description of duties:

Briefly describe the business you plan to start:

Prior self-employment experience:

Please describe your prior training, skills and/or experience in the type of business you are considering:

Proposed location for business: _____

Will you be partnering with anyone else in this business? If yes, please describe. Yes No

Start Up Cost

What is your personal monthly budget for your portion of your monthly household expenses? _____

How much monthly income will you need from the business to support yourself? _____

What licenses, permits, registrations, certification, bonds, insurance coverage will be required for you to conduct business?

Do you have them? Yes No

Discuss the demand for your products. How do you know this?

Describe your target customers (where they live, age, income, gender, etc.):

What methods and strategies will you use to market your business to these customers?

_____ (initials) I certify the above information is true and accurate to the best of my knowledge. I understand that I may run out of unemployment insurance and that extensions may not be available.

_____ (initials) I authorize the NH Employment Security, WIA Title 1-B providers and local SBDC to share information necessary for the facilitation and administration of the PTW Program.

_____ (initials) Eligibility for PTW is not retroactive for weeks of self employment prior to the date of approval. Eligibility for regular Unemployment Insurance for any week prior to approval requires that an individual be able to work, available for work, and actively seeking work for the week.

Applicant Signature:

Date: