

## **Self-Employment Requirements for Child Care Fee Subsidy**

All self-employed applicants must complete this questionnaire. One questionnaire is to be completed for each self-employed applicant. If both applicants are working for the same business only one questionnaire is required. This questionnaire provides information to support your child care fee subsidy application and will be used to determine your eligibility for child care fee subsidy. Self-employed applicants must have businesses that are reasonably viable and the hours of operation warrant a need for child care.

### **What You Need To Know**

- Your business income must be declared to Revenue Canada Agency annually
- Undeclared cash jobs are not eligible for subsidy
- You must be working a minimum of 20 hours per week
- Your business must be viable within 36 months (you must be earning an income equal to the Ontario minimum wage)

### **How Is Eligibility Determined**

Self-employed applicants can be approved up to 36 months of child care fee subsidy to become viable. Once you have been in receipt of child care fee subsidy for 36 months your self-employment income must reflect an hourly income of minimum wage on Line 150 of your Notice of Assessment.

Your child care fee subsidy will be reviewed annually to determine if your business continues to be viable (earning an income of minimum wage). If it is determined that after 36 months of receiving child care fee subsidy that your business is not generating an income of at least minimum wage you will no longer qualify for child care fee subsidy.

### **What You Need To Provide\***

- ✓ Master Business License OR
- ✓ Business Name Registration OR
- ✓ Official document stating HST number OR
- ✓ Certificate of Incorporation
- ✓ Your most recent Notice of Assessment (NOA)
- ✓ Your completed self-employment questionnaire

\*Please note this information is in addition to your application for child care fee subsidy and the documentation required with your application.

### Section 1 – Personal Information

Applicant 1 Name	Phone Number	
Applicant 2 Name	Phone Number	
Home Address		

### Section 2 - Business Information

Business Name		Business start date (month/year)	
Business Address	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Store/Office		
Nature of Business	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Consultant	<input type="checkbox"/> Health Practitioner
	<input type="checkbox"/> Hairdresser/Esthetician	<input type="checkbox"/> Truck Driver	<input type="checkbox"/> Vendor and/or Kiosk Owner
	<input type="checkbox"/> Performing Arts/Musician/Artist	<input type="checkbox"/> Courier and/or Mover	<input type="checkbox"/> Contractor/Tradesperson
	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Landscaping/Snow Removal	<input type="checkbox"/> Massage Therapy
	<input type="checkbox"/> Taxi/Uber/LYFT/Limo Driver	<input type="checkbox"/> Store/Franchise Owner	<input type="checkbox"/> Sales
	<input type="checkbox"/> Other, please specify _____		
Have you filed an income tax return for this business?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your business registered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your business incorporated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any partners in your business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What is your percentage of the business?	%
What is your role in the business?			
Is your spouse (if applicable) involved in the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is their role?	
How do you pay yourself?	<input type="checkbox"/> Draw <input type="checkbox"/> Hourly Wage <input type="checkbox"/> Salary		What is your estimated monthly wage/salary? \$

### Section 3 – Business Requirements

List the months your business operates (check all boxes that apply)											
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
List the days/hours that you work											
Days Worked	Mon	Tues	Wed	Thurs	Fri	Sat	Sun				
Hours Worked (i.e. 9am-5pm)	-	-	-	-	-	-	-				
List the days/hours your spouse (if applicable) works											
Days Worked	Mon	Tues	Wed	Thurs	Fri	Sat	Sun				
Hours Worked (i.e. 9am-5pm)	-	-	-	-	-	-	-				

I/we, certify that the above information is true and no information required to be given has been withheld or omitted.

I/we understand that any changes to employment activities must be reported to the Child Care Fee Subsidy Office when they occur.

I/we understand that failure to report changes could result in the termination of my Child Care Fee Subsidy and/or recovery of subsidies paid on my behalf.

Applicant 1 Signature	Date
Applicant 2 Signature	Date

#### Notice with Respect to the Collection of Personal Information (Municipal Freedom of Information and Protection of Privacy Act)

Personal information is collected under the legal authority of the Child Care and Early Years Act 2014 and regulations thereto, for the purpose of: Determining and verifying initial and ongoing eligibility for Child Care Fee Subsidy, and administering the delivery of Child Care Fee Subsidy and the Early Years Community Plan by the City of Hamilton, Children's Services. For more information contact The Child Care Fee Subsidy Program at 905-546-4870.