

Social Equity Amendment

Participant Information

Please provide the following information regarding the individual seeking to amend their social equity fee reduction.

Full Name:

First

M.I.

Last

Suffix

Record Number:

Provided on the Eligibility Letter

Amendment Information

Please select the **additional** fee reduction criteria for which you may **now** be eligible.

Have you had a marijuana-related felony conviction?

☐

With the exception of distribution of a controlled substance to a minor

Have you had a marijuana-related misdemeanor conviction?

☐

Were you a registered primary caregiver for at least 2 years between 2008 and 2017?

☐

Have you resided in one or more disproportionately impacted communities for at least 5 cumulative years out of the past 10 years?

☐

If yes, please list the disproportionately impacted communities where you have lived for 5 cumulative years out of the past 10 years:

Name of Disproportionately Impacted Community and County (e.g. Lansing, MI of Ingham County)	Year (e.g. 2015 – 2017)

Supporting Documentation

Please attach the following, as applicable.

- ☐ **Residency Documents:** Residency documents are required for EACH year of residency. You will need to prove residency for at least 5 cumulative years out of the past 10 years that you have lived in a disproportionately impacted community. Each document should have your name, residential address, and year. Please find examples of what is accepted, but NOT limited to below:

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Mortgage Statements | <input type="checkbox"/> Tax Returns | <input type="checkbox"/> Insurance Statements |
| <input type="checkbox"/> Lease/Rental Agreements | <input type="checkbox"/> W-2 Forms | <input type="checkbox"/> College Tuition Statements |
| <input type="checkbox"/> Property Tax Documents | <input type="checkbox"/> Paystubs | <input type="checkbox"/> Utility Statements |

- ☐ **Marijuana-Related Felony Conviction:** Copy of judgment of sentence or other documents. Order on application to set aside conviction, if expunged.
- ☐ **Marijuana-Related Misdemeanor Conviction:** Copy of judgment of sentence or other documents. Order on application to set aside conviction, if expunged.
- ☐ **Registered Primary Caregiver:** Caregiver Authorization for Release of MMMP Information with a valid driver's license or State-issued personal identification card with photo. Please find the form on our website at www.michigan.gov/CRA.

You may upload this form and all supporting documentation to your social equity record at:

www.michigan.gov/CRAOnline.

OR

Mail this amendment with all supporting documentation to:

**Cannabis Regulatory Agency
Social Equity Program
P.O. Box 30205
Lansing, MI 48909**

If you have any questions regarding the social equity amendment process, please contact us by phone at **(517) 284-8599** or email at CRA-SocialEquity@michigan.gov.