

Social Equity Renewal Application

Participant Information

Please provide the following information regarding the individual renewing their eligibility in the social equity program.

Full Name:

First

M.I.

Last

Suffix

Mailing Address:

Street Address

City

State

Zip Code

Residential Address:

Street Address (if different from Mailing Address)

City

State

Zip Code

Phone:

Email:

Social Equity Record Number:

Highest Level of Education Completed

Has your level of education increased?

Yes No I do not wish to answer

If yes, please select the highest level of education that best applies to you.

- Some High School
- High School Diploma/GED
- Technical/Occupational Certification
- Some College
- Associate Degree
- Bachelor's Degree
- Master's Degree
- Doctorate Degree
- Professional Degree (e.g. law, medical)
- I do not wish to answer

Cannabis Industry Employment Status

Has your employment status within the cannabis industry changed?

Yes No I do not wish to answer

If yes, please select the cannabis industry employment status that best applies to you.

- Temporary/Part Time
- Job Title: _____
- Full Time
- Job Title: _____
- Licensed Establishment Owner
- Unemployed/Seeking Employment
- Full-time Student
- Disabled
- Not in the cannabis industry yet
- I do not wish to answer

Individual Income from the Previous Tax Year

Has your individual income increased?

Yes No I do not wish to answer

If yes, please select the level of income that best applies to you.

(Do not include income from other members in household)

0 – 9,699 84,200 – 160,724 510,300+
 9,700 – 39,474 160,725 – 204,099 I do not wish to answer
 39,475 – 84,199 204,100 – 510,299

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

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