



Social Equity Application

Participant Information

Please provide the following information regarding the individual seeking to participate 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: _____

Date of Birth: _____

Highest Level of Education Completed

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

Current Employment Status

- Temporary/Part Time
- Full Time
- Self-Employed
- Full Time Student
- Unemployed/Seeking Employment
- Disabled
- I do not wish to answer

What is your individual adjusted gross income (AGI) from the previous tax year?

(Do not include income from other members in household)

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

Please select all that apply:

Have you had a marijuana-related felony conviction? YES NO

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

Have you had a marijuana-related misdemeanor conviction? YES NO

Were you a registered primary caregiver for at least 2 years between 2008 and 2017? YES NO

Have you resided in one or more disproportionately impacted communities for at least 5 cumulative years out of the past 10 years? YES NO

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

Do you plan to operate within a disproportionately impacted community? YES NO

If no, where do you plan to operate? _____

Supporting Documentation

Please attach the following, as applicable.

Proof of Residency: 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 |

Proof of Marijuana-Related Conviction: Copy of judgment of sentence.

Proof of 2 Years of Caregiver Experience: Social Equity Program Authorization for Release of MMMP Information with a valid driver's license or State-issued personal identification card with photo.

Questionnaire

Please answer the follow questions:

Would you be interested in receiving assistance completing your Step 1 adult-use application? YES NO

What is your largest barrier to entry in the marijuana industry? *Please select all that apply.*

- Funding Location License Type(s) Need Core Business Need Industry Training No Issues
Not Available Classes

Other: _____

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

Mail this application with all supporting documentation to:

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