

Social Equity Application

Participant Information

Please provide the following information regarding the individual seeking to participate in the social equity program.

Full Name: _____

<i>First</i>	<i>M.I.</i>	<i>Last</i>	<i>Suffix</i>
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Mailing Address: _____

<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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Residential Address: _____

<i>Street Address (if different from Mailing Address)</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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Phone: _____ Email: _____

Date of Birth: _____ Social Security Number: _____

Highest Level of Education Completed

- 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

- 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

(Do not include income from other members in household)

- | | | |
|--|--|--|
| <input type="checkbox"/> 0 – 9,699 | <input type="checkbox"/> 84,200 – 160,724 | <input type="checkbox"/> 510,300+ |
| <input type="checkbox"/> 9,700 – 39,474 | <input type="checkbox"/> 160,725 – 204,099 | <input type="checkbox"/> I do not wish to answer |
| <input type="checkbox"/> 39,475 – 84,199 | <input type="checkbox"/> 204,100 – 510,299 | |

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

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

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:

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.

Mail this application 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 application process, please contact us by phone at **(517) 284-8599** or email at CRA-SocialEquity@michigan.gov.