



# 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: \_\_\_\_\_

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

### Marijuana Industry Employment Status

- Temporary/Part Time
- Job Title: \_\_\_\_\_
- Full Time
- Job Title: \_\_\_\_\_
- Licensed Establishment Owner
- Record #: \_\_\_\_\_
- Unemployed/Seeking Employment
- Not in the marijuana industry yet
- I do not wish to answer

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

(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

**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:

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Are you currently, or do you plan to operate within a disproportionately impacted community?  YES  NO

If no, where are you or will you plan to operate? \_\_\_\_\_

### Supporting Documentation

*Supporting documentation for marijuana-related convictions and caregiver verification are not required yearly for renewal if you are already receiving these fee reductions. Supporting documentation is only required for residency and additional reductions that you may be eligible for. Please check the action that is to be taken on your application for this renewal term.*

**New Residency Fee Reduction:** *Residency documents are required for EACH year of residency to establish eligibility. Please submit proof of 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.*

**Renewing Residency Fee Reduction:** *Please submit proof of residency for the most recent year. The 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         |

**I am no longer a qualifying resident of a disproportionately impacted community for 5 cumulative years out of the past 10 years.**

**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.

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](mailto:mra-socialequity@michigan.gov).

Mail this application with all supporting documentation to

**Marijuana Regulatory Agency  
Social Equity Program  
P.O. Box 30205  
Lansing, MI 4890**