

# 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 of the last 5 years?
- Have you resided in one or more disproportionately impacted communities for at least 5 cumulative years?

If yes, please list the disproportionately impacted communities where you have lived for 5 cumulative 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 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 [here](#).

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

[Online Social Equity Application](#)

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](mailto:CRA-SocialEquity@michigan.gov).