

AFFIDAVIT OF INDIGENCY

Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, et seq.

Submit affidavit to: FOIA Coordinator
DETROIT HOUSING COMMISSION
1301 E. Jefferson
Detroit, Michigan 48207

FOIACoordinator@dhcmi.org

FAX: 313-877-8764

Pursuant to Section 4 of the Michigan Freedom of Information Act ("FOIA"), a public record search will be made and copies of a public record furnished without charge for the first \$20.00 of the fee for each request made by a person who is entitled to the information and who submits an affidavit stating that the person is indigent and receiving public assistance or, if not receiving public assistance, stating facts showing inability to pay due to indigence. The FOIA also indicates that a person is ineligible to receive the waiver if (1) the person has previously received discounted copies of public records from a public body twice during the calendar year or (2) if the person requests information in connection with other persons who are offering or providing payment to make the request.

Name: _____ Date of Request: _____

Address: _____
Street City State Zip

(Optional) Telephone: _____ (Optional) Email: _____

I swear or affirm, under penalty of perjury that the following information is true and accurate.

Inability to Pay (check one):

I am entitled to request waiver of the first \$20.00 of FOIA fees for the following reasons:

I am currently receiving public assistance in the amount of \$ _____ / _____
week/month/year

Case No. _____ Type of Assistance: _____

I am unable to pay the fee because of indigency based on the following facts:

Income: _____

Employer name and address _____

Time at current job Average annual gross pay Average net pay/week/month _____ -/ _____

Assets: State the value of all real property, vehicles, bank deposits, bonds, stocks or other assets owned by you; use the back of this form, if necessary.

Other Facts: State any other facts showing indigency; use the back of this form, if necessary.

Not Otherwise Ineligible:

(Check both)

I have not received discounted copies of public records from the Detroit Housing Commission more than twice during the calendar year.

I am not making this request for records for other persons who are offering or providing payment to me to make the request.

Signature of Requestor _____

Sworn or affirmed before me on _____,

Printed Name _____

_____, Notary Public My Commission Expires: _____

Signature _____

_____, County, State of Michigan Acting in the County of _____

Effective July 1, 2015