



**Affidavit of Indigence
Freedom of Information Act**

Under the Michigan Freedom of Information Act, a public record search will be made and copy of a public record furnished without charge for the first \$20.00 of the fee for each request made by an individual who is entitled to information and who submits an affidavit stating that the individual is receiving public assistance or stating facts showing inability to pay due to indigency.

I, _____, do affirm or swear under penalty of perjury that I am entitled to request waiver of the first \$20.00 of fees under the Michigan FOIA for the following reason(s):

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

Case No. _____ Type of Assistance _____

or

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

My income, less taxes deducted from my pay, is \$ _____ per week/biweekly/month/year
(circle the period that applies)
for a household of _____ persons, consisting of myself and dependents; which is at or below Federal poverty level guidelines.

Signature

Signed and sworn to before me on _____, 20__ in _____ County, Michigan.

Notary's Signature _____

Acting in the County of _____, Commission Expires _____