AFFIDAVIT OF INDIGENCY

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
(Original) 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