Ann Arbor Downtown Development Authority (DDA)
407 N. Fifth Avenue, Ann Arbor MI 48104
734-994-6697 PHONE
dda@a2dda.org
A2dda.org

Affidavit of Indigency

Submit this affidavit if you are seeking a waiver of costs due to indigency.

Under the Michigan FOIA, 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.

AFFIDAVIT

Date of Request_____ Name_____

Address_____
Street City State Zip

Telephone_____ Email_____

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 _____

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

Income:_____
Employer name and address

_____ _____ _____per _____
Length of present employment 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.

_____

_____
Signature

Sworn or affirmed before me on_____,

_____

_____, Notary Public Commission Expires:_____

_____County, State of Michigan Acting in the County of _____

Affidavit of Indigency

Designated Requester Form

Complete this form only if you are preparing an Affidavit of Indigency for someone other than yourself.

1. I have personal knowledge of the facts appearing in this affidavit.

2. The person on whose behalf this affidavit is filed is unable to sign it because he/she is:

☐ Under 18 _____
(Please provide the person's date of birth.)

☐ Other _____
(Please describe.)

Please describe your relationship to person on whose behalf the affidavit is filed:_____

_____

Your name (type or print)_____

Address _____
Street City State Zip

Phone_____ Email_____

_____ Date_____
Signature

Sworn or affirmed before me on_____,

_____

_____, Notary Public Commission Expires:_____

_____County, State of Michigan Acting in the County of_____