

## Request and Certification for Waiver of Michigan Personal ID Card Fee - Unable to Pay

I, (print name) \_\_\_\_\_, certify the information on this form is true to the best of my knowledge. I request a waiver of the \$10 fee for a personal ID card. I cannot afford to pay the fee because: (CHECK and FILL IN **ONE** BOX, then SIGN and DATE):

I am eligible for Family Independence Program (FIP) or State Disability Assistance (SDA) from the state. I have attached a copy of my letter from DHS showing amount and dates of FIP or SDA. (DHS 4400.)

I have no income. I have attached proof if I have it. (A copy of the DHS notice showing my Food Assistance Program budget (DHS 4400) or a letter from an agency or individual that helps me)

I do not get FIP or SDA, but my income is too low to pay the fee.

The other people in my household are:

Write each person's name and age or "NONE": Attach more sheets if you need more room

My husband or wife:	My child:	My child:
My child:	My child:	My child:

My household income is:

Type of income	Amount per month or NONE	Who gets it	Type of proof attached. (This can be a DHS notice or printout showing your Food Assistance Program budget, copy of check, pay stub, deposit record, printout or letter from agency, etc.)
SSI			
Social Security Disability			
Pay checks			
Unemployment benefits			
Pension			
Other: _____			
Other: _____			

Other information (such as expenses more than income (attach more pages and proof if available))

CHECK HERE IF: My monthly income is **less than** the amount for my household size below. (Poverty level for 2009)

Number in household	1	2	3	4	5	6	Each additional person
Monthly Income \$	903	1,214	1,526	1,838	2,149	2,461	Add \$311

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Note: Give this form to your local Secretary of State (SOS) and keep a copy for yourself. You may have to show the SOS your original documents but they should only keep copies.