Genesee County Clerk/Register – Domonique Clemons

Document Fee Waiver Request

Applicant's Information	Phone Number
Full Name (First, Middle, Last)	
Street Address	City, State, Zip Code

I receive the following type(s) of public assistance and request a waiver of my fees. (MUST provide proof)

- ☐ Food Assistance Program through the State of Michigan (FAP or SNAP)
- ☐ Medicaid (including Healthy Michigan, CHIP, and ESO)
- ☐ Family Independence Program through the State of Michigan (FIP or TANF)
- ☐ Women, Infants, and Children benefits (WIC)
- ☐ Supplemental Security Income through the federal government (SSI)
- ☐ Other means-tested public assistance: _____
- ☐ My public assistance case number(s): _____

Write "none" if you don't have a case number. Do not write your SS#.

I declare under the penalty of perjury that this request has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date: _____ Applicant's Signature: _____

Clerk Waiver

Date: _____ Deputy Clerk's Signature: _____