

**Covert Township, Van Buren County**  
 73943 E. Lake Street, PO Box 35, Covert, MI 49043  
 Fax: (269) 764-1771 Phone: (269) 764-8986 ext. 6 Email: office@coverttwp.com

Copies of the Township's FOIA procedures and guidelines, public summary, and forms are available free-of-charge at the Clerk's office, located at 73943 E. Lake St, Covert, MI 49043.

**FOIA Fee Waiver Affidavit of Indigency**

Name	Phone
Firm/Organization	Fax
Street	Email
City	State Zip

I request a fee waiver in connection with a Freedom of Information Act request and provide the following information concerning my present financial status in support of my request:

<b>1. PUBLIC ASSISTANCE: I am currently receiving public assistance because of indigency</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please state the type of assistance and identify the government agency that provides it:	
<b>2. RESIDENCE:</b> \$ _____ per month <input type="checkbox"/> Rent <input type="checkbox"/> Mortgage <input type="checkbox"/> Room/Board <input type="checkbox"/> Live with Relatives	
<b>3. MARITAL STATUS:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Dependents: _____ (number)	
<b>4. INCOME:</b> a. Employer name, address, and phone number	b. Length of Employment  c. Average Pay <input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> monthly Gross: \$ _____ Net: \$ _____
<b>5. ASSETS:</b> (state the value of car, home, bank deposits, bonds, stocks, etc. If no assets, write NONE.)	
<b>6. OBLIGATIONS:</b> (itemize monthly rent, installment payments, mortgage payments, child support, etc.)	

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