

APPOINTMENT OF AUTHORIZED REPRESENTATIVE

FIA Case Number : _____

I, _____,
(your name)

have appointed the following person to act as an Authorized Representative for my household with respect to the Family Independence Agency (FIA):

Name: _____.

Address: _____

City: _____, Michigan Zip Code: _____

Phone Number: _____

I am appointing this representative because no one in my household has the ability to go to FIA to apply for benefits, and I would like to have this representative handle my application. I understand that my representative must provide FIA truthful information about my household, my income and assets.

This representative, by his or her signature below, states that he or she:

- Is over age 18
- Knows about the details of our household because he or she is a:
 ____ relative (state relationship: _____)
 ____ friend
 ____ other : _____
- Understands that, as my representative, he or she will be expected to fill out application forms on my behalf, attend periodic interviews with FIA, help me gather and turn in papers and other proof that FIA may require.

We understand that either one of us can cancel this appointment by telling FIA in writing.

Applicant Signature DATE

Authorized Representative Signature DATE