



Deed

MDHHS-Healthy Homes Section
 PO Box 30037, Suite 410
 Lansing, MI 48909
 Ph: 517-335-9390
 Fx: 517-284-9956

PART 6: INCOME

Please check the appropriate boxes if anyone age 18 and older receives any of the following income. Please include documentation to support any income checked for OCCUPANTS only. For payroll, please attach two of the following: W2 (most recent), tax return (most recent), pay stubs (3 current), or bank statement (12-month period). For all other sources of income received, please attach a payment statement.

INCOME*	INDIVIDUAL RECEIVING	GROSS MONTHLY AMOUNT
<input checked="" type="checkbox"/> Payroll	[REDACTED]	\$ ~1,600
<input type="checkbox"/> Payroll		\$
<input type="checkbox"/> Unemployment Compensation		\$ 0
<input type="checkbox"/> Disability Compensation		\$ 0
<input type="checkbox"/> Worker's Compensation		\$ 0
<input type="checkbox"/> Child Support		\$ 0
<input type="checkbox"/> Alimony		\$ 0
<input type="checkbox"/> Severance Pay		\$ 0
<input type="checkbox"/> DHS Cash Assistance		\$ 0
<input type="checkbox"/> Supplemental Security Income (SSI)		\$ 0
<input type="checkbox"/> Annuity or retirement		\$
<input type="checkbox"/> Pension		\$
<input type="checkbox"/> Other		\$

*If you checked any of the above, please provide documentation.

PART 7: SIGNATURE

By signing below, I (occupant and property owner) permit MDHHS to perform a lead investigation on this property. I agree to fully cooperate in potential lead hazard control work. I understand I must disclose results of lead-activities to potential lessees or buyers of this property. I understand MDHHS is not responsible for uninsured properties or for any damages to real or personal property. I authorize MDHHS to obtain blood lead laboratory results through the Michigan Core Improvement Registry. I agree to let MDHHS share these results privately with authorized program representatives. I authorize the use of information from this application and lead investigation for a research study. I understand the study will not use my personal health information. I answered all questions truthfully and to the best of my knowledge. I understand there is a penalty for false or fake statements. This penalty is from U.S.C. Title 18, sec 1001. It states: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly falsifies, or makes, or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both." I understand signature(s) are required for processing.

[REDACTED] _____
 Print Property Owner Name Property Owner Signature

08-27-19
 Date

Print Tenant Name (if applicable)

Tenant Signature (if applicable)

Date