Village of Morrow **Income Tax Department**
150 E. Pike Street, Morrow, OH 45152 **Phone: (513) 899-2821** **Fax: (513) 899-3170**

VILLAGE OF MORROW RESIDENT QUESTIONNAIRE

_____NEW RESIDENT/PROPERTY OWNER _____CHANGE OF ADDRESS WITHIN MORROW, PLEASE LIST PRIOR ADDRESS_____

YOUR NAME_____ SOCIAL SECURITY NO._____

ADDRESS _____PHONE NO._____MOVE- IN DATE_____
House No. Street Apt. No. Zip Code

BIRTHDATE ____/____/____ EMPLOYER _____ OCCUPATION_____

ADDRESS WHERE YOU WORK_____

IF UNEMPLOYED, PLEASE CHECK APPROPRIATE LINE: _____ LAYOFF ____FULL-TIME STUDENT _____RETIRED ____HOMEMAKER ____ASSISTANCE (DISABILITY, SSI)

SPOUSE'S NAME_____ SOCIAL SECURITY NO._____ MOVE-IN DATE_____

BIRTHDATE _____/_____/_____ EMPLOYER_____ OCCUPATION_____

ADDRESS WHERE YOU WORK_____

IF UNEMPLOYED, PLEASE CHECK APPROPRIATE LINE: _____ LAYOFF ____FULL-TIME STUDENT _____RETIRED ____HOMEMAKER ____ASSISTANCE (DISABILITY, SSI)

NOTE: LIST BELOW *ALL OTHER* HOUSEHOLD OCCUPANTS REGARDLESS OF EMPLOYMENT STATUS. USE ADDITIONAL PAPER IF NECESSARY.

Name	Soc Sec. #	Date of Birth	Employer	Move-In Date

Do you rent your place of residence? _____Yes _____No If Yes, please list the name and address of your landlord: _____

_____

****NOTE: IF YOU ARE ON ASSISTANCE YOU MUST SUPPLY A COPY OF YOUR PAPERWORK.**
*** IF YOU ARE A FULL TIME STUDENT AND UNDER THE AGE OF 18 YOU ARE NOT REQUIRED TO FILE AN INCOME TAX RETURN. RETURN VERIFICATION.**
****IF YOU ARE RETIRED AND HAVE NO OTHER SOURCE OF INCOME YOU ARE NOT REQUIRED TO FILE A TAX RETURN, HOWEVER, PLEASE ATTACHED A COPY OF YOUR RETIREMENT PAPERWORK.**

I certify that to the best of my knowledge the above information is true, correct, and complete.

SIGNATURE _____ DATE_____