

City of Mt. Healthy Tax Department
7700 Perry Street, Mt. Healthy, Ohio 45231
Phone: 513-728-3181 Fax 513-728-3189

New Resident Questionnaire (Please fill out and return to the Tax Dept.)

Resident's Name _____ **SS#** _____

ADDRESS: _____

DATE OF MOVE IN: _____ **Phone:** _____

Do you own home? _____ Do you rent? _____ Landlord name _____

Date of Birth _____

Do you receive disability? _____ Social Security? _____ Welfare? _____ Food Stamps? _____

Documentation required for claiming any of the above.

Employer _____ Work phone _____

Spouse's Name _____ **SS#** _____

Date of Birth _____

Do you receive disability? _____ Social Security? _____ Welfare? _____ Food Stamps? _____

Documentation required for claiming any of the above.

Employer _____ Work phone _____

Any other person living with you (even if not on the lease) (Boyfriend, girlfriend, fiancée, parent, etc.) who is either working; on unemployment; or assistance

Name _____ SS# _____ Age: _____

Name _____ SS# _____ Age: _____

Name _____ SS# _____ Age: _____

SIGNATURE: _____ **Date:** _____

Your signature is acknowledgment that you must file a local return by April 15th. A penalty of \$75.00 will be applied for failure to file by April 15th.