

**City of Mt. Healthy Income Tax Department**

**7700 Perry Street, Mt. Healthy, OH 45231**

**(513) 728-3181**

**Fax (513) 728-3189**

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

**Resident's Name** \_\_\_\_\_ **SS#** \_\_\_\_\_

Date of Birth \_\_\_\_\_ Do you receive Disability? \_\_\_\_\_ Social Security? \_\_\_\_\_ Welfare? \_\_\_\_\_  
*Documentation Required for claiming Disability, Social Security or Welfare.*

**Spouse's Name** \_\_\_\_\_ **SS#** \_\_\_\_\_

Date of Birth \_\_\_\_\_ Do you receive Disability? \_\_\_\_\_ Social Security? \_\_\_\_\_ Welfare? \_\_\_\_\_  
*Documentation Required for claiming Disability, Social Security or Welfare.*

**Mt. Healthy address** \_\_\_\_\_

Date moved into Mt. Healthy \_\_\_\_\_ Telephone \_\_\_\_\_

Do you own? \_\_\_\_\_ Do you rent? \_\_\_\_\_ Landlord name \_\_\_\_\_

**Employment Information**

Resident's employer \_\_\_\_\_ work phone \_\_\_\_\_

Address of employer \_\_\_\_\_

Spouse's employer \_\_\_\_\_ work phone \_\_\_\_\_

Address of employer \_\_\_\_\_

**Self Employed** (complete only if you or your spouse are self employed)

Owner \_\_\_\_\_ Partner \_\_\_\_\_ Other \_\_\_\_\_

Type of Business \_\_\_\_\_ phone \_\_\_\_\_

Address of Business \_\_\_\_\_

**Rental Property**

If you own rental property, please list \_\_\_\_\_

**Other Household Members**

Please list names and social security numbers of other members of your household who have earned income.

Name \_\_\_\_\_ SS# \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_ Age \_\_\_\_\_

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