

Village of South Amherst
 103 West Main Street
 South Amherst, Ohio 44001
 Phone (440) 988-2877 Fax (440) 988-3535
 email: southamherst@peck-cpa.com

INDIVIDUAL QUESTIONNAIRE

The information requested on this form is essential for completing our records and will be held in strict confidence. Please provide the necessary information and return within ten days. Fill in "n/a" where not applicable. If you have any questions, please call us at 988-2877.

Name: _____ Birth Date: _____ SS#: _____
 Spouse's Name: _____ Birth Date: _____ SS#: _____
 Address: _____ Apt. #: _____
 Phone: () _____ Alternate Phone: () _____ Date moved into current location: _____
 Previous address if located in the Village: _____
 Do you own your place of residence in the Village? Yes No
 If renting, please provide the name and address of owner

Give name, birth date and SS# for all others residing at this address:

<u>Name</u>	<u>SS#</u>	<u>DOB</u>	<u>Name</u>	<u>SS#</u>	<u>DOB</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If your or your spouse is not employed, please place a date in front of the statement that most accurately describes your status:

	<u>Yourself</u>	<u>Spouse</u>
Retired Since	_____	_____
Disabled Since	_____	_____

Do you have income from other sources besides W2's? Yes No
 Circle all that apply Self-Employed Rental Income S-Corporation

By signing this form, I certify the above information to be true.

 SIGNATURE PRINT Name DATE