

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.

Name: _____ Birth Date: _____ SS#: _____

Spouse's Name: _____ Birth Date: _____ SS#: _____

Address: _____ Apartment #: _____

Phone: _____ Alternate Phone: _____ Text Preference? **Y N**

Email: _____

Notification Preferences: (Circle all that apply) **Text Call Email**

Date moved into current location: _____ Previous address if located in S Amherst: _____

Do you own your place of residence in the Village? **Yes No**

If renting, please provide name, address, and phone number of owner:

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

Name	SS#	DOB	Name	SS#	DOB

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

	Yourself	Spouse
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