

VILLAGE OF SOUTH LEBANON RESIDENT QUESTIONNAIRE

NEW RESIDENT CHANGE OF ADDRESS WITHIN SOUTH LEBANON, PLEASE LIST PRIOR ADDRESS

Filing Status for Local Return: Single Married Filing Jointly Married Filing Separately

YOUR NAME SOCIAL SECURITY NO.

ADDRESS PHONE NO. MOVE-IN DATE
House No. Street Apt. No. City 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.
**F YOU ARE A FULL TIME STUDENT AND/OR UNDER THE AGE OF 18 YOU ARE NOT REQUIRED TO FILE AN INCOME TAX RETURN.
**IF YOU ARE RETIRED AND HAVE NO OTHER SOURCE OF INCOME YOU ARE NOT REQUIRED TO FILE A TAX RETURN, HOWEVER, PLEASE ATTACH 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