

Names:

____ - ____ - ____ _____ _____ _____
Primary Social Security Number First Name Middle Last Name

____ - ____ - ____ _____ _____ _____
Spouse's Social Security Number First Name Middle Last Name

Primary date of birth: ____ / ____ / ____ Spouse's date of birth: ____ / ____ / ____

Registration for the City of Chardon

Current Residence Address Information:

____ _____ _____ _____
Street No. Street Name Apt. /Suite # PO Box

____ _____ _____
City / Village State Zip Code

Date you moved to this address: ____ / ____ / ____ Contact Phone No. (____) ____ - ____

Do you own or rent your home? (Please check one) Own ____ Rent ____

If renting please give the Landlord's name, address and phone number _____

Previous Residence Address Information:

____ _____ _____ _____ _____ _____
Street No. Street Name Apt. /Suite # City / Village State Zip Code

Date you moved to this address: ____ / ____ / ____

Employment Information: (Check Yes or No, if retired please include date of retirement)

Are you employed? Yes ____ No ____ Is your spouse employed? Yes ____ No ____

Are you retired and/or have no taxable income? Yes ____ No ____ If Yes, date you retired: ____ / ____ / ____

Is your spouse retired and/or have no taxable income? Yes ____ No ____ If Yes, date your spouse retired: ____ / ____ / ____

Do you have income reported on Federal Schedules C, E or F? Yes ____ No ____

Does your spouse have income reported on Federal Schedules C, E or F? Yes ____ No ____

Do you and/or your spouse own rental property? Yes ____ No ____ (Please list tenant's name, address and date you began renting property. If you have multiple properties, please supply additional information on back or a separate sheet of paper.)

Tenant's First, Last Name and address: _____

Date: ____ / ____ / ____