

INDIVIDUAL INCOME TAX REGISTRATION

NAME: _____ SOC SEC #: _____
 (Legal Name)

SPOUSE: _____ SOC SEC #: _____
 (Only if married) (Legal Name)

STREET ADDRESS: _____ DATE IN: _____

MAILING ADDRESS: _____
 (If different than above) (Address, City & State)

RENTING: _____ BUYING: _____ OTHER: _____

NAME OF PROPERTY OWNER: _____

ADDRESS OF PROPERTY OWNER: _____
 (Address, City & State)

APPLICANT'S PREVIOUS ADDRESS: _____
 (Address, City & State)

HOW LONG AT PREVIOUS ADDRESS: _____

EMPLOYER(s): _____

SPOUSE'S EMPLOYER(s): _____

IF SELF EMPLOYED, NAME/TYPE OF BUSINESS: _____

RETIRED: _____ RETIREE NAME & DATE: _____
 (Yes or No)

IF DISABLED, NAME(s): _____ TEMPORARY: _____ PERMANENT: _____

ESTIMATED ANNUAL INCOME: _____

SOURCE OF OTHER INCOME (Other than employment): _____

DATE OF BIRTH: _____ SPOUSE'S DATE OF BIRTH: _____

LIST NAMES OF ALL OTHER PERSONS AT YOUR RESIDENCE, AGE EIGHTEEN AND OLDER:

 Signature

 Spouse's Signature

 Phone Number(s)

 Date

PLEASE RETURN COMPLETED FORM WITHIN FIFTEEN (15) DAYS FROM MOVE IN DATE