

**RESIDENT REGISTRATION QUESTIONNAIRE**

HEATH INCOME TAX BUREAU  
1287 HEBRON ROAD  
HEATH, OHIO 43056  
740-522-3427

**STREET ADDRESS:** \_\_\_\_\_

**DATE MOVED IN:** \_\_\_\_\_ (Month, Day & Year)

1. **Please list *yourself* and anyone else that is 16 years old or older who lives in your household. \*\*\*If anyone listed is not currently working, please see below.**

\_\_\_\_\_ **SELF** \_\_\_\_\_  
Last Name First MI (Relationship) Social Security #

\_\_\_\_\_  
Place of Employment City

\_\_\_\_\_ \_\_\_\_\_  
Last Name First MI (Relationship) Social Security #

\_\_\_\_\_  
Place of Employment City

\_\_\_\_\_ \_\_\_\_\_  
Last Name First MI (Relationship) Social Security #

\_\_\_\_\_  
Place of Employment City

List additional names and information on back of form.

2. **\*\*\*Please list anyone 16 years or older that is currently unemployed and check the reason**

\_\_\_\_\_ Retired  
\_\_\_\_\_ Disability  
\_\_\_\_\_ Fulltime student  
\_\_\_\_\_ Government Assistance

Other (please explain) \_\_\_\_\_  
(Additional information or comments can be written on the reverse side of this questionnaire.)

3. \_\_\_\_\_  
Signature of person completing questionnaire Date Phone #

**You are welcome to use our drop box at the Heath Municipal Building in our parking lot at 1287 Hebron Road.**