

126 WEST 6<sup>th</sup> STREET

EAST LIVERPOOL, OH 43920

Ph: 330-385-5437

Fax: 330-386-7865

HEAD OF HOUSEHOLD \_\_\_\_\_ SS# \_\_\_\_\_

SPOUSE \_\_\_\_\_ SS# \_\_\_\_\_

**PLEASE PROVIDE STREET ADDRESS**

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Previous East Liverpool address if applicable \_\_\_\_\_

Phone Number \_\_\_\_\_

Date you became a resident of East Liverpool \_\_\_\_\_

Do you own or rent your current address? \_\_\_\_\_

If you rent – Name and Address of Landlord \_\_\_\_\_

**SOURCES OF INCOME**

**EMPLOYMENT- (provide Name and Address of Employers) indicate self or spouse**

NAME	ADDRESS	CITY	SELF/SPOUSE
1.	_____		
2.	_____		
3.	_____		

NOT EMPLOYED- (explain): TEMPORARY UNEMPLOYMENT PERMANENT UNEMPLOYMENT RETIRED

OTHER (explain)

SELF-EMPLOYED Trade Name & Address

RENTAL INCOME (Yes/No)

List all properties & date rental started (on back or attach a separate page)

OTHER INCOME: (explain)

LIST ALL OTHER RESIDENTS IN HOUSEHOLD (Over age 18)

	NAME	AGE	SS#	EMPLOYER/CITY
1.				
2.				
3.				
4.				

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_