

**City of North College Hill Income Tax Department**  
**1500 W. Galbraith Rd North College Hill, OH 45231**  
**(513) 931-1159 Fax (513) 521-1596**

New Resident Questionnaire

Resident's Name \_\_\_\_\_ SS# \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ SS# \_\_\_\_\_  
NCH address \_\_\_\_\_  
Date moved into North College Hill \_\_\_\_\_ Telephone \_\_\_\_\_

Do you own? \_\_\_\_\_ Do you rent? \_\_\_\_\_ If you rent, please give name of landlord.

Employment Information

Resident's employer \_\_\_\_\_ work phone \_\_\_\_\_  
Address of employer \_\_\_\_\_

Spouse's employer \_\_\_\_\_ work phone \_\_\_\_\_  
Address of employer \_\_\_\_\_

Self Employed (complete only if you or your spouse are self employed)

Owner \_\_\_\_\_ Partner \_\_\_\_\_ Other \_\_\_\_\_  
Type of Business \_\_\_\_\_ phone \_\_\_\_\_  
Address of Business \_\_\_\_\_

Rental Property

Do you or your spouse own rental property? \_\_\_\_\_ If yes, please give address.

Other Household Members

Please list names and social security numbers of other members of your household **who have earned income.**

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

Signature \_\_\_\_\_ Date \_\_\_\_\_