

# TENANT CENSUS FORM

THE PROPERTY OWNER(S) MUST SIGN THIS FORM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

SIGNATURE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**TOWNSHIP OF INDIANA**  
**3710 Saxonburg Boulevard**  
**Pittsburgh, PA 15238**

Phone: **412-767-5333** - Fax: 412-767-4705 - Email: www.indianatownship.com

NAME OF TENANT(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

EFFECTIVE DATE OF RESIDENCY \_\_\_\_\_

PREVIOUS TENANT \_\_\_\_\_

**FILING THIS FORM WITHIN THIRTY (30) DAYS OF OCCUPANCY IS A REQUIREMENT OF ORDINANCE NO. 287-VIOLATORS WILL BE FINED**

**COMPLETE THE INFORMATION BELOW FOR EACH PERSON WHO WILL RESIDE AT THIS ADDRESS**

<u>FULL NAME</u>	<u>AGE</u>	<u>SOCIAL SECURITY NO.</u>	<u>NAME OF EMPLOYER*</u>	<u>ADDRESS OF EMPLOYER</u>	<u>PHONE NO.</u>	SELF-EMPLOYED OR INDEPENDENT CONTRACTOR?	
						<u>YES</u>	<u>NO</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

\*IF SELF EMPLOYED LIST FIRM NAME AND ADDRESS

UNDER PENALTY OF LAW, I/WE CERTIFY THAT THE ABOVE INFORMATION IS CORRECT  
**THIS FORM MUST BE SIGNED BY ALL TENANTS**

SIGNATURE \_\_\_\_\_

SIGNATURE \_\_\_\_\_