

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

SELF-EMPLOYED
OR INDEPENDENT
CONTRACTOR?

<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>	<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 _____