

Date \_\_\_\_\_

1. a. Your Full Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Social Security # \_\_\_\_\_ and Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Cell Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Current Address \_\_\_\_\_ PO Box \_\_\_\_\_  
Date moved into Coldwater \_\_\_\_\_  
Former Address \_\_\_\_\_ How Long? \_\_\_\_\_

Are you employed?  Yes  No--If no, give reason  Retired  Laid Off  Other, explain \_\_\_\_\_

What is your employment or occupation? \_\_\_\_\_  
(Example: Salesperson, Teacher, Laborer, Nurse, Truck Driver, etc.)

Employer's Name and Address \_\_\_\_\_  
Dates of Employment \_\_\_\_\_

Does your employer withhold City Income Tax?  Yes  No If yes, indicate City \_\_\_\_\_  
If other than Coldwater Tax is withheld by your employer, attach pay stubs or W-2s.

b. Spouse's Name \_\_\_\_\_  
Spouse's Social Security # \_\_\_\_\_ and Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Cell Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Are you employed?  Yes  No--If no, give reason  Retired  Laid Off  Other, explain \_\_\_\_\_

What is your employment or occupation? \_\_\_\_\_  
(Example: Salesperson, Teacher, Laborer, Nurse, Truck Driver, etc.)

Spouse's Employer Name and Address \_\_\_\_\_  
Dates of Employment \_\_\_\_\_

Does your employer withhold City Income Tax?  Yes  No If yes, indicate City \_\_\_\_\_  
If other than Coldwater Tax is withheld by your employer, attach pay stubs or W-2s.

c. Does any other **employed** person (children, relatives or friends) reside at your address?  Yes  No  
If yes, give their name(s), social security number(s) and employer(s): (If additional space is needed, use the back side)  
Name \_\_\_\_\_ S.S.# \_\_\_\_\_ Employer \_\_\_\_\_  
Name \_\_\_\_\_ S.S.# \_\_\_\_\_ Employer \_\_\_\_\_

2. If you currently rent your home, to whom is rent paid?  
Landlord's Name \_\_\_\_\_ Address \_\_\_\_\_

3. Do you have rental properties, trust or farm income?  Yes  No  
If you have trust income, what is the nature and gross annual income realized?

If you have rentals or farm income, complete the following:  
Address \_\_\_\_\_ Gross annual income \_\_\_\_\_ Date acquired \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

4. Do you (or your spouse) receive Director's Fees or any other taxable income that is not listed above?  
 Yes  No If yes, indicate the source and approximate annual amount received.  
Source \_\_\_\_\_ Income \_\_\_\_\_  
(If additional space is needed, use the back side)

5. **Signature** \_\_\_\_\_ **Does Hereby State Information is True and Correct**

**Any "Person" failing to file this questionnaire or knowingly giving false information on this questionnaire is subject to a fine of not more than one thousand dollars (\$1,000.00) or imprisoned for not more than six (6) months, or both.**