

Rental Information Sheet

The following information is necessary for our records. PLEASE COMPLETE AND RETURN THIS QUESTIONNAIRE WITHIN TEN (10) DAYS.

NOTE: If you manage or supervise rental properties please complete the name and address lines below, which identifies the owner(s) of the property. Owners need to complete the entire questionnaire.

OWNER'S NAME _____ SOC SEC# _____

SPOUSE'S NAME _____ SEC SEC# _____

OWNER'S ADDRESS _____

DAYTIME PHONE _____ BEST TIME TO CALL _____

BUSINESS NAME _____ FED ID# _____

If you are a Canton resident, list below all of the rental properties you own. If you are not a Canton resident, list only those properties which are located in the City of Canton.

Street Address	Date Acquired	Number of Units	Gross Monthly Rents

List any additional properties on the back of this form.

How many people do you employ in Canton? _____ (Include building managers, custodial, maintenance, secretarial)

Under penalties of perjury, I certify that all information and statements herein (both front and back) are true and correct.

Print Name _____

Signature _____ Date _____