

**LANDLORD PROPERTY AND TENANT SURVEY**

LANDLORD:

 Name \_\_\_\_\_  
 And \_\_\_\_\_  
 Address \_\_\_\_\_

RENTAL: TENANT LISTINGS

 CITY OF RAVENNA  
 INCOME TAX DEPARTMENT  
 PO BOX 1215 \* RAVENNA OH 44266  
 PH: (330) 297-7817; (330) 297-7536  
 FAX: (330) 297-2164  
 EMAIL ADRS: tmurray@ci.ravenna.oh.us

The following information is necessary for our records. Please complete and return this questionnaire within ten (10) days.

Owner's Name: \_\_\_\_\_ Social Sec # \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Social Sec # \_\_\_\_\_

Owner's Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Business Name: \_\_\_\_\_ Fed ID # \_\_\_\_\_

Business Address: \_\_\_\_\_

How many people do you employ in Ravenna? \_\_\_\_\_ (Include building managers, custodial, maintenance, secretarial, etc.)

Rentals on record with City of Ravenna:

RENTAL PROPERTY ADDRESS	DATE PURCHASED	TOTAL UNITS	APT NUMBER	TENANT NAME
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LIST ANY RENTALS NOT SHOWN ABOVE

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Under penalties of perjury, I certify that all information and statements herein are true and correct.

Print Name: \_\_\_\_\_

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