



Income Tax Division

3600 Shroyer Rd., Kettering, Ohio, 45429
Phone: (937) 296-2502 • Fax (937) 296-3242 • www.ketteringoh.org

RENTAL QUESTIONNAIRE

Date Mailed: _____

**Please complete and return this questionnaire to The City of Kettering, Income Tax Division,
P.O. Box 293100, Kettering, Ohio, 45429 within fifteen (15) days from the date mailed.**

Owner's Name: _____
Social Security Number: _____
Spouse's Name: _____
Spouse's Social Security Number: _____
Owner's Address: _____
City, State, Postal Code: _____
Daytime Phone Number: _____ Evening Phone Number: _____

If you are a Kettering resident, please list *all* of the rental properties you own in the space provided below. If you are *not* a Kettering resident, please list only those properties, which are located in The City of Kettering. In addition, if you have purchased a Kettering property not intended for lease or rent *or* for resale purposes only, please write an explanation in the "Gross Monthly Rents" column below.

Street Address	Date Acquired	Number of Units	Gross Monthly Rents
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			

Additional properties may be listed on the reverse side of this form.

I certify that all information and statements contained herein are true and correct.

Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____