

JEDD RENTAL QUESTIONNAIRE

TAX OFFICE USE ONLY

JOINT ECONOMIC DEVELOPMENT DISTRICTS

1 Cascade Plaza Suite 100
Akron, OH 44308
(330) 375-2539 Fax (330) 375-2456

BATH-AKRON-FAIRLAWN JEDD	<input type="checkbox"/>
COPLEY-AKRON JEDD	<input type="checkbox"/>
COVENTRY-AKRON JEDD	<input type="checkbox"/>
SPRINGFIELD-AKRON JEDD	<input type="checkbox"/>

Date Issued _____
Auditor _____
Account# _____

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 _____ SOC SEC # _____

OWNER'S ADDRESS _____

DAYTIME PHONE _____ BEST TIME TO CALL _____

BUSINESS NAME _____ FED ID # _____

BUSINESS ADDRESS _____

If you have filed a JEDD Income Tax Return before, what name and account number did you use?

NAME USED _____ ACCOUNT NUMBER _____

If you or your company are a JEDD resident, list below all of the rental properties you own. If you are not a JEDD resident, list only those properties which are located in the JEDD.

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 the JEDD? _____ (Include building managers, custodial, maintenance, secretarial, etc.)

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

Print Name _____

Signature _____ DATE _____