



SHAKER HEIGHTS

OCCUPANCY STATUS FORM

Please use this document to identify all occupants residing in each dwelling unit. Vacant suites shall be noted. Please make additional copies as needed.

PROPERTY ADDRESS _____

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Suite #:		Number of Bedrooms:	
Head of Household	Age	Social Security # (Optional)	Telephone Number
Other Occupants	Age	Social Security # (Optional)	Relationship to Head of Household

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