



Borough of Oakmont

767 Fifth Street
Oakmont, Pennsylvania 15139
412-828-3232

EARNED INCOME TAX QUESTIONNAIRE

This form must be completed and returned to the Borough Office prior to the issuance of a no-lien letter.

Is this a sale? _____ Refinance? _____

Name of Owner(s) (For Refinance) or Buyer(s) (for Sale) _____

Address of Property Refinance or Purchased: _____

COMPLETE FOR EACH INDIVIDUAL WHO WILL RESIDE AT THIS ADDRESS

(PLEASE PRINT LEGIBLY)

Full Name	Age	Social Security No. Last 4 Only	Name of Employer	Address of Employer	Phone Number	Y	N

*If self-employed, list company name and address

UNDER PENALTY OF LAW, I/WE CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. _____

(MUST BE SIGNED BY ALL PROPERTY OWNERS OR REPRESENTATIVE OF RELOCATION COMPANY)

Signatures