

**OCCUPANCY QUESTIONNAIRE
CITY OF CINCINNATI**

OWNER'S NAME: _____

PROPERTY ADDRESS: _____

NUMBER OF EXISTING DWELLING UNITS: _____

NUMBER OF DWELLING UNITS AFTER PROJECT COMPLETION: _____

Check Applicable Box:

_____ As of this Affidavit, every dwelling unit in the Property is vacant, and the last date that any dwelling unit was occupied was _____, 20____.

_____ A Dwelling Unit Report has been completed for each dwelling unit within the Property, whether occupied or vacant.

STATE OF OHIO))SS:
COUNTY OF HAMILTON)

I am the owner of the Property at the address listed above and have diligently sought the information necessary to fill out this Occupancy Questionnaire and any Dwelling Unit Reports attached completely and accurately. The information supplied is true and complete to the best of my information and belief.

OWNER: _____

Sworn to and subscribed under my hand this _____ day of _____, 20_____.

Notary Public