Texas Department of Housing and Community Affairs Manufactured Housing Division

P. O. BOX 12489 Austin, Texas 78711-2489 (877) 313-3023 FAX (512) 475-3506

Internet Address: www.tdhca.texas.gov/mh

	Eligibilit	APPLICATION FOR 2 y is limited to those persons NOT in the					r resale.	
		BLOCK 1: App	olican	t Inform	ation			
	Name:							
Mailing	Address:							
City:					State:		ZIP:	
Phone:			1	Email:				
I am applying f	or the exen	nption from licensure for the followin	g reas	son:				
[] One-time sal	le of up to t	hree manufactured homes in a 12 month	h perio	od (Comp	olete BLOCK	2 below.)		
[] Government entity is transferring ownership (Attach a list of all homes including Label/Seal Number and Physical Address.)								
[] One-time sal	le of a man	ufactured home park (Attach a list of all	l home	es includ	ing Label/Sea	l Number and P	hysical A	Address.)
		BLOCK 2: Home I	nform	nation (R	Required):			
HOME #1		Label/Seal Number Complete Serial Number						
Section 1:								
Section 2:								
Section 3:								
Physical Address:				City:			ZIP:	
HOME #2		Label/Seal Number			Complete Serial Number			
Section 1:						•		
Section 2:								
Section 3:								
Physical			ı	City:			ZIP:	
Address: HOME #3		Label/Seal Number				aplete Serial Nu		
Section 1:		Lavel/Seat Namber			Con	ipieie Seriai Iva	шет	
Section 1:								
Section 3:								
Physical				City:			ZIP:	
Address:								
		n the business of buying and resell that the information above is true a	ing and	Sworn aı		before me this		_ day
Signature of Applicant				Signature of Notary Seal				
		Signature of Applicant						
				Typed Na	me of Notary			Commission Expires