TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

MANUFACTURED HOUSING DIVISION

P. O. BOX 12489 Austin, Texas 78711-2489

(800) 500-7074, (512) 475-2200 FAX (512) 475-1109

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

APPLICATION FOR STATEMENT OF OWNERSHIP

The filing of an application for the issuance of a Statement of Ownership later than sixty (60) days after the date of a sale to a consumer for residential use, may result in a fee of up to one hundred dollars (\$100). Any such application that is submitted late may be delayed until the fee is paid in full.

BLOCK 1: Transaction Identification												
Type of Transaction				Type of Handling (Check One)				(For Department Use Only) Coding:				
Personal Property Transaction New Used Lien Assignment Convert back to Personal Property Other:		Real Property Transaction New Used Update Other		 Process application in the normal 15 working days. A payment of \$55 per transaction is required (total amount can be combined into one payment). Process application within 5 working days from receipt. An additional \$55 service fee must be added the total payment to have the application processed within 5 working days from receipt 			d to	Lien on file: Y / N Right of Survivorship: Y / N Texas Seal Purchase: Y / N For Section(s) 1 2 3 4				
BLOCK 2(a): Home Information (required)												
City	urer Name: Address: , State, Zip: se Number:							Model: te of Manufacture: Total Square Feet: Wind Zone:				
Sections	Label/S	abel/Seal Number		Complete Serial Numb		Weight		Size*	* <u>NOTE</u> : Size must be reported as the outside			
Section 1:								Х	dimensions (<u>length and</u> <u>width</u>) of the home as measured to the nearest ½			
Section 2:								X	foot at the base of the home, exclusive of the tongue or			
Section 3:							X		other towing device.			
Section 4:						Х						
2(b) DOES HOME HAVE A HUD LABEL OR TEXAS SEAL? Yes No If there is/are no HUD Label(s) or Texas Seal(s) on your home, a Texas Seal will need to be purchased and will be issued to each section of your home at an additional cost of \$35.00 per section. Indicate which section(s) need(s) Texas Seal: Section One Section Two Section Three Section Four BLOCK 3: Home Location (required)												
Dhavai a a 1												
Physical Location o	f	Physical Address (cannot be a Rt. or P										
Home:)											
(or 911 add			City	State	ZIP	County						
Was Home Moved for this sale? Yes No If yes, include a copy of moving permit. Was Home Installed for this sale? Yes No If yes, provide installer information below, if known												
	e, address and pho		-	-								
BLOCK 4: Ownership Information (required)												
Ŋ	4(a) \$	Seller(s) or Transfe	ror(s) License #		X	4(b) Purcha	aser(s)	, Transferee(s), or				
Name			:	Name				License # if Retailer:				
Name						Name						
Mailing Addres	s				Mailing Address							
City/State/Zip						City/State/Zip						
Daytime Phone Number (include area code)						Daytime Phone Number (include area code)						
4(c) Is this transaction a sale? Yes No												
4 (d)	Date of sale, tr	of sale, transfer or ownership change:										

HUD Label #:	Serial	. #:		(GF# (for title co.):									
BLOCK 5: Right of Survivorship (if no box is checked, joint owners will NOT have right of survivorship)														
If joint owners desire right of survivorship, check the applicable box below: Married couple will be the only owners and agree that the ownership of the above described manufactured home shall, from this day forward, be held jointly and in the event of death, shall pass to the surviving owner. Joint owners are other than married couple, desire right of survivorship, and have attached a completed Affidavit of Fact for Right of Survivorship or other affidavits as necessary to meet the requirements of §1201.213 of the Standards Act.														
BLOCK 6: Election - Purchaser(s)/Transferee(s)/Owner(s) check one election type														
All manufactured housing is titled as Personal Property, unless elected as:														
Real Property – I (we) elect to treat this home as real property as (one box must be checked): I (we) own the real property that the home is attached to. I (we) have a qualifying long-term lease for the land that the home is attached to. I (we) understand that the home will not be considered to be real property until a certified copy of the Statement of Ownership has been filed in the real property records of the county in which the home is located AND a copy stamped "Filed" has been submitted to the Department. Please attach a legal description of the real property to this application (Example: Exhibit A, Deed or Title Commitment). If a title company, list your file or GF #:														
	Inventory – (<i>FOR RETAILER USE ONLY</i>) Retailer license number must be provided in Block 4b if this election is checked.													
BLOCK 7: To Designate a Home as Business Use, Non-Residential, or Salvage														
If home WILL NOT be used for residential use, indicate its designated use: Business Use (means the use of a manufactured home in conjunction with operating a business, for a purpose other than as a permanent or temporary residential dwelling) Purchaser intends for a person to be present in the home for regularly scheduled work shifts of not less than eight hours each day. Non-Residential Use Other than Business Use or Salvage (means use of a manufactured home for a purpose other than as a permanent or temporary residential dwelling) Salvage (For purposes of Chapter 1201 of the Standards Act, a manufactured home is salvaged if the home is scrapped, dismantled, or destroyed or if an insurance company pays the full insured value of the home.) A salvaged home may only be sold to or rebuilt by a licensed Retailer (subject to inspection and approval prior to construction).														
BLOCK 8(a): Liens:	Will there be any liens on the	home (other than	n a tax lien)?	Yes 🗌 No	If yes, complete the below lien info	rmation.								
		BLOCK 8(b):]	Lien Informa	ation										
Date of First Lien:			Date of Second Lien:											
Name of First Lienholder:			Name of Second Lienholder:											
Mailing Address:			Mailing Address:											
City/State/Zip:			City/State/Zip:											
Daytime Phone:		OCK 0. Enosio	Daytime Ph											
	DI	LOCK 9: Special	I Mailing Ins Name:	tructions										
			Company:											
	of Ownership is to be mailed to vner or lienholder of record (such	Maili	ing Address:											
	se provide that mailing address		, State, Zip:											
here.	o presidential de C		Code/Phone:											
			Email:											
	BLOCK 10:	Signatures Requ		ization is Optic	onal)									
10(a) Sig	gnatures of each seller/transferor			=	of each purchaser/transferee or owner									
Ŭ	ure of owner or authorized seller before me this day of Signature of Notary	20	Signature of purchaser/transferee or owner Sworn and subscribed before me this day of, 20, 20, 20											
	SEAL ure of owner or authorized seller			Signature	SEAL of purchaser/transferee or owner									
0	before me this day of	, 20	Sworn d	Ũ	efore me this day of, 20									
	Signature of Notary SEAL		Signature of Notary SEAL											
10(c) For Lien Assignments Only														
Signature of autho	orized representative for previous lienh	holder		Signature of au	thorized representative for new lender									