

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

AFFIDAVIT OF FACT FOR REAL PROPERTY
(Sworn Statement)

BLOCK 1: Home Information

Manufacturer: Model:
Serial Number: Label # and/or Seal #:
Square Footage: Size:

BLOCK 2: Statement of Facts

The undersigned hereby certifies that the closing of a mortgage loan to be secured by real property including the manufactured home identified herein was held, the loan was funded, and a deed of trust covering the real property and all improvements on the property was recorded (copy attached) and the licensed title company or attorney who closed the loan failed to complete the conversion to real property in accordance with Chapter 1201 of the Occupations Code. In connection with an Application for a Statement of Ownership electing real property status for the purpose of obtaining a certified copy of the Statement of Ownership and making the necessary filings and notifications to complete such conversion, I hereby certify the following:

- (1) the record owner of the home, as reflected on the department's records, has been given at least 60 days' prior written notice by certified mail at:
(A) the location of the home and, if it is different, the mailing address of the owner as specified in the department records; and
(B) any other location the holder or servicer knows or believes, after a reasonable inquiry, to be an address where the owner may have been or is receiving mail or is an address of record.

BLOCK 3: Signature (Notarization is REQUIRED)

(Signature of holder's or servicer's authorized representative)

Company Name and Title (if applicable)

(Printed name and title of authorized representative)

Phone Number

Before me personally appeared the person (s) whose signature (s) appear above, who by being sworn, upon oath, say that the statements set forth hereinabove are true and correct. Subscribed and sworn before me this ___ day of ___ 20___.

(Name of Notary)

(Notary Public)

(Commission Expires)

SEAL

Notary Public