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

Addendum to Application for Statement of Ownership

BLOCK 1: Home Information		
HUD Label: Serial Number:	_	
BLOCK 2: Statement of Facts		
(Provide the information checked below.)		
1Physical address is:	_	
(cannot be a Rt. or P.O. Box) Address, City, State, ZIP, County		
2Purchaser's mailing address is:		
3Seller's mailing address is:		
4 Date of Sale:		
5Designated Use is: [] Residential Use (as a dwelling) OR		
6HUD Label number(s): Section 1		
Section 2		
Section 3		
Home has no label number(s). I have enclosed \$35 per seal, per section (Singlewide \$50 Double \$70, Triple \$105)	35	
Home has no label OR serial number anywhere on the home. I have stated so under oath, in a sworn statement, on the second page of this form.		
7. Election: Real Property (If real property, provide the legal description below.) Unless elected as real property, all manufactured housing is titled as Personal Property.		
Legal Description:		
	_	
	_	
Block 3: Signature(s)		
I hereby state to the Manufactured Housing Division of the Texas Department of Housing and Community Affairs as follows:		
In connection with my application for a Statement of Ownership for the above-described manufactured home, I hereby provide the following information as an addendum to my application:		
(Seller's Signature) (Purchaser's Signature)		
(Seller's Signature) (Purchaser's Signature)		

AFFIDAVIT OF FACT FOR NO ID NUMBERS

(Sworn Statement)

BLOCK 1: Home Information	
Manufacturer:	Model:
Square Footage:	Size:
BLOC	CK 2: Statement of Facts
The undersigned hereby confirm that I/we have following:	e searched the above described manufactured home and found the
1. No label number, but have found the	e following serial number:
2. No label number or serial number o	or identification number of any kind on the home.
BLOCK 3: Sign	nature (Notarization is REQUIRED)
Signature(s)	Company Name and Title (if applicable)
Printed Name(s)	Phone Number
say that the statements set forth hereinabove ar	whose signature(s) appear above, who by being sworn, upon oath, re true and correct. Subscribed and sworn before me this the
(Commission Expires)	SEAL Notary Public