

**APPLICATION FOR PLACEMENT OF MANUFACTURED/MOBILE HOME
ON REAL ESTATE**

(Please submit a copy of the title with this application)

ALL TAXES MUST BE PAID IN FULL BEFORE THIS PROCESS CAN BE COMPLETED

Real Estate/Home Owner _____

Mailing Address _____

Street _____
Phone #: () _____
City/State/ Zip _____

Manufactured/Mobile Home Information:

Address of Home: _____
Street _____
City/State/ Zip _____

Year: _____ Make: _____ Model: _____

Serial #: _____ Purchase Price: \$ _____

Title #: _____ Acquired Date: _____

Taxing District: _____ / _____
Township Village

Auditor's Parcel #: _____ Acres/Lot # _____

Situs Date: _____ (date electric & water hook-up established or move in date)

Application for Owner-Occupancy Reduction: Will this be your primary residence by January 1 of next year: Yes _____ No _____

I declare under penalties of perjury that this statement has been examined by me and to the best of my knowledge and belief it is a true, correct, and complete statement.

Applicant or agent's signature

Date

AUDITOR'S USE ONLY

Registration # _____
Taxes Paid Through _____ Tax Year
Qualification: Yes _____ / No _____
Notes: _____
By: _____ Date: _____