

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.state.tx.us/mh/index.htm](http://www.tdhca.state.tx.us/mh/index.htm)

**APPLICATION FOR STATEMENT OF OWNERSHIP AND LOCATION**

The filing of an application for the issuance of a Statement of Ownership and Location, 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:
<b>Personal Property Transaction</b> <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Lien Assignment <input type="checkbox"/> Other: _____ _____	<b>Real Property Transaction</b> <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Update SOL <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> <b>Process application in the normal 15 working days.</b> A payment of \$55 per transaction is required (total amount can be combined into one payment).  <input type="checkbox"/> <b>Process application within 5 working days from receipt.</b> An additional \$55 service fee must be added to the total payment to have the application processed within 5 working days from receipt.	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)**

Manufacturer Name:	_____	Model:	_____
Address:	_____	Date of Manufacture:	_____
City, State, Zip:	_____	Total Square Feet:	_____
License Number:	_____	Wind Zone:	_____

	Label/Seal Number	Complete Serial Number	Weight	Size*	*NOTE: Size must be reported as the outside dimensions (length and width) of the home as measured to the nearest 1/2 foot at the base of the home, exclusive of the tongue or other towing device.
Section 1:	_____	_____	_____	X	
Section 2:	_____	_____	_____	X	
Section 3:	_____	_____	_____	X	
Section 4:	_____	_____	_____	X	

**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)**

Physical Location of Home: (or 911 address)	_____				
	Physical Address (cannot be a Rt. or P. O. Box)	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

Installer Name, address and phone: \_\_\_\_\_

**BLOCK 4: Ownership Information (required)**

4(a) Seller(s) or Transferor(s)		4(b) Purchaser(s), Transferee(s), or Owner(s)	
Name	License # if Retailer:	Name	License # if Retailer:
Name		Name	
Mailing Address		Mailing Address	
City/State/Zip		City/State/Zip	
Daytime Phone Number ( ) -		Daytime Phone Number ( ) -	

**4(c)** Is this transaction a sale? Yes  No

**4(d)** Date of sale, transfer or ownership change: \_\_\_\_\_

<b>HUD Label #:</b>	<b>Serial #:</b>	<b>GF# (for title co.):</b>
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**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: Personal/Real Property Election - Purchaser(s)/Transferee(s)/Owner(s) check one election type**

Personal Property – Applicant elects to treat this home as personal property. All documents affecting title to the home will be filed in the records of the Department.

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.

The applicant or their authorized representative is the holder or servicer of the loan.

I (We) understand that the home will not be considered to be real property until a certified copy of the SOL 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 – (FOR RETAILER USE ONLY)** Retailer license number must be provided in Block 4b if this election is checked.

**BLOCK 7: To Designate a Home as Non-Residential (Business Use) or Salvage**

**If home WILL NOT be used for residential use, indicate its designated use:**

*Business Use* (means use other than a residential dwelling, such as storage)

*Salvage* (means scrapped, dismantled, or which the full insured value has been paid by an insurance company). 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 a tax lien)? Yes  No  If yes, complete the below lien information.**

**Block 8(b): Lien Information**

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:		Daytime Phone:	

**BLOCK 9: Special Mailing Instructions**

<p><b>IF</b> a copy of an SOL is to be mailed to anyone other than the owner or lienholder of record (such as a closing agent), please provide that mailing address here.</p>	Name:	
	Company:	
	Mailing Address:	
	City, State, Zip:	
	Area Code/Phone:	
	Email:	

**BLOCK 10: Signatures Required (Notarization is Optional)**

<b>10(a) Signatures of each seller/transferrer</b>	<b>10(b) Signatures of each purchaser/transferee or owner</b>
<p>_____</p> <p align="center"><i>Signature of owner or authorized seller</i></p> <p>Sworn and subscribed before me this ____ day of _____, 20__</p> <p>_____</p> <p align="center"><i>Signature of Notary</i> SEAL</p>	<p>_____</p> <p align="center"><i>Signature of purchaser/transferee or owner</i></p> <p>Sworn and subscribed before me this ____ day of _____, 20__</p> <p>_____</p> <p align="center"><i>Signature of Notary</i> SEAL</p>
<p>_____</p> <p align="center"><i>Signature of owner or authorized seller</i></p> <p>Sworn and subscribed before me this ____ day of _____, 20__</p> <p>_____</p> <p align="center"><i>Signature of Notary</i> SEAL</p>	<p>_____</p> <p align="center"><i>Signature of purchaser/transferee or owner</i></p> <p>Sworn and subscribed before me this ____ day of _____, 20__</p> <p>_____</p> <p align="center"><i>Signature of Notary</i> SEAL</p>

**10(c) For Lien Assignments Only**

<p>_____</p> <p align="center"><i>Signature of authorized representative for previous lienholder</i></p>	<p>_____</p> <p align="center"><i>Signature of authorized representative for new lender</i></p>
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