

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) 463-7951  
 Internet Address: [www.tdhca.state.tx.us/mh/index.htm](http://www.tdhca.state.tx.us/mh/index.htm)

**CTC ACCOUNT REQUEST FORM**  
**CTC – CENTRAL TAX COLLECTOR**

*Please type or print clearly.*

**BLOCK 1: Central Tax Collector Information**

**Central Collector Name:** \_\_\_\_\_  
**Central Collector's Address:** \_\_\_\_\_  
(Address) (City) (State) (Zip Code)  
**Phone #:** (     )     **FAX #:** (     )     **Email:** \_\_\_\_\_

**BLOCK 2: Assignment of Central Tax Collector Number**

*(Department Use Only. The Department will notify taxing entity of the assigned number.)*

**Central Tax Collector Number: CTC-**\_\_\_\_\_

**BLOCK 3: Taxing Jurisdiction Information**

**County Name:** \_\_\_\_\_ **County Code (3 digits):** \_\_\_\_\_

Complete 8-Digit Taxing Entity ID #	Name of Taxing Entity

**Additional taxing entities may be listed on the provided addendum to this form.**

**BLOCK 4: Notarized Signature Required**

Until revoked by written notice to the Department, the undersigned will be the sole agent of each taxing entity listed herein for the recordation and release of tax liens on manufactured homes within the county specified herein. The undersigned represents and warrants that it is acting as a centralized collector and that it has legal authority to record and release such liens under the Central Tax Collector number designated herein. A lien filed for a particular year under the designated Central Tax Collector number may be for taxes due to one or more of the entities for which the Central Collection Agent collects, whereas a lien release filed for that year under that same number indicates that ALL taxes due to each entity for which the Agent collects have been discharged. In the event that any of the information provided herein changes, the undersigned agrees to provide the Department with written notice of such change at least ten (10) days prior to its taking effect. The Department will not be bound by any change unless/until such written notice is received as required.

\_\_\_\_\_  
*(Central Collector's Signature)*

\_\_\_\_\_  
*(Date)*

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 State of Texas*

**BLOCK 3: Taxing Jurisdiction Information (Addendum to CTC Account Request Form)**

<b>Complete 8-Digit Taxing Entity ID #</b>	<b>Name of Taxing Entity</b>