

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)

**RIGHT OF RESCISSION WAIVER**

*(MUST contain all required information and be signed by all of the consumers entitled to the disclosures and right of rescission)*

**BLOCK 1: Bona Fide Declaration Information (Required)**

County : \_\_\_\_\_

Date on which the specified declaration was made: \_\_\_\_\_

**BLOCK 2: Statement of Facts (Required)**

*Please provide a written statement in the space below that describes the bona fide personal emergency that necessitates the immediate purchase of the manufactured home.*

**BLOCK 3: Signatures (Required)**

I, the undersigned, do hereby certify that the information provided herein is true and correct and that I have elected to modify or waive the right to rescind and the deadlines for disclosures as follows (check only one box):

WAIVE the right to rescind and the deadlines for disclosures before the execution of the contract that are provided by Occ. Code 1201.164(b).

MODIFY the right to rescind and/or the deadlines for disclosures as follows (each modification MUST be specified):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Signature)*

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