## 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

## Addendum to Application for Statement of Ownership

BLOCK 1: Home Information			
HUD Label:		Serial Number:	
BLOCK 2: Statement of Facts			
(Provide the information checked b	elow.)		
1Physical address is:			
	not be a Rt. or P.O. Box) Address, City,	State, ZIP, County	
2Purchaser's mailing add	ress is: Address, City, State, ZIP, Cou	nty	
3Seller's mailing address	ic•	-	
5Seller 5 maning address	Address, City, State, ZIP, County		
4Date of Sale:			
5Designated Use is:	Residential Use (as a dwelling)	OR	
··· g	Non-Residential If non-resi		Business Use <u>or</u> Salvage
6HUD Label number(s): Section 1			
	Section 2		
	Section 3		
-	Home has no label numbe Double \$70, Triple \$105)	er(s). I have enclosed S	\$35 per seal, per section (Singlewide \$35
_	Home has no label OR se oath, in a sworn statemen	•	on the home. I have stated so under of this form.
7. Election: Real Property manufactured housing is titled as		al description below.)	Unless elected as real property, all
Legal Description:	i ersonul i roperty.		
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:			
	for a Statement of Ownership for		nanufactured home, I hereby provide the
(Seller's Signature)			(Purchaser's Signature)
(Seller's Signature)			(Purchaser's Signature)

AFFIDAVIT OF FACT FOR NO ID NUMBERS
(Sworn Statement)

Manufacturer:\_\_\_\_\_

Square Footage:\_\_\_\_\_

**BLOCK 2:** Statement of Facts

The undersigned hereby confirm that I/we have searched the above described manufactured home and found the following:

1. No label number, but have found the following serial number: \_\_\_\_\_\_

2. No label number or serial number or identification number of any kind on the home.

## BLOCK 3: Signature (Notarization is REQUIRED)

Signature(s)

Company Name and Title (if applicable)

Model:\_\_\_\_\_

Size:\_\_\_\_\_

Printed Name(s)

Phone Number

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 the \_\_\_\_\_ day of \_\_\_\_\_\_ 20 \_\_\_\_.

(Name of Notary)

(Notary Public)

(Commission Expires)

Notary Public

SEAL