Texas Department of Housing and Community Affairs MANUFACTURED HOUSING DIVISION P. O. BOX 12489 Austin, Texas 78711-2489 (877) 313-3023 FAX (512) 475-3506 Internet Address: www.tdhca.state.tx.us/mh/index.htm

| APPLICATION FOR LICENSE EXEMPTION Eligibility is limited to those persons NOT in the business of buying manufactured homes for resale. | | | | | | | | |
|--|-------|-------------------|------------------------|---|---|------|--|--|
| BLOCK 1: Applicant Information | | | | | | | | |
| | Name: | | | | | | | |
| Mailing Address: | | | | | | | | |
| City: | | | | State: | | ZIP: | | |
| Phone: | | | Email: | | | | | |
| I am applying for the exemption from licensure for the following reason: | | | | | | | | |
| [] One-time sale of up to three manufactured homes in a 12 month period (Complete BLOCK 2 below.) | | | | | | | | |
| [] Government entity is transferring ownership (Attach a list of all homes including Label/Seal Number and Physical Address.) | | | | | | | | |
| [] One-time sale of a manufactured home park (Attach a list of all homes including Label/Seal Number and Physical Address.) | | | | | | | | |
| | | | | | | | | |
| BLOCK 2: Home Information (Required): | | | | | | | | |
| HOME #1 | | Label/Seal Number | Complete Serial Number | | | | | |
| Section 1: | | | | | | | | |
| Section 2: | | | | | | | | |
| Section 3: | | | | | | | | |
| Physical Address: | | | Cit | y: | | ZIP: | | |
| HOME #2 | | Label/Seal Number | | Complete Serial Number | | | | |
| Section 1: | | | | | • | | | |
| Section 2: | | | | | | | | |
| Section 3: | | | | | | | | |
| Physical | | | Cit | v. | | ZIP: | | |
| Address: | | | | - | | | | |
| HOME #3 | | Label/Seal Number | | Complete Serial Number | | | | |
| Section 1: | | | | | | | | |
| Section 2: | | | | | | | | |
| Section 3: Physical | | | | | | | | |
| Address: | | | Cit | y: | | ZIP: | | |
| BLOCK 3: Certification (Notarization Required) | | | | | | | | |
| I certify that I am not in the business of buying and reselling manufactured homes and that the information above is true and correct. | | | | | | | | |
| Signature of Applicant | | | | Signature of Notary | | | | |
| Signature of Applicant | | | | Typed Name of Notary Seal Date Commission Expires | | | | |