Texas Department of Housing & Community Affairs

P O Box 12489, Austin, TX 78711-2489

Phone: 1-800-500-7074 Fax: 1-512-475-1109

www.tdhca.state.tx.us/mh/index.htm

Allow 4-6 weeks for title to arrive.

Important: M	ake copies of the above	e documents and keep them for your records.
Cost: \$10.00		
Need to Pay Estimated Ta	axes for the year i	in advance
Tax Certificate from the C	ity Tax Office (Wells Farg	o Bank, 221 N. Kansas, 3rd Floor) T:(915)-212-0106
Money Order for \$	(TDHCA-MHD)	
Bill of Sale		
Original Title		
SOL Application		

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Aplicación SOL		
Documento de Compra - \	√enta	
Titulo Original		
Giro postal por \$	(TDHCA-MHD)	
Certificado de la oficina de	e impuestos de la ciudad (Wells	Fargo Bank, 221 N. Kansas, 3.er Piso) T:(915)-212-0106
Necesidad de pagar impu	estos estimados para el año	por adelantado
Costo: \$10.00		

Importante: Haga copias de los documentos anteriores y guárdelos para sus archivos. Permita pasar de 4 a 6 semanas para que le manden el título.

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

APPLICATION FOR STATEMENT OF OWNERSHIP

The filing of an application for the issuance of a Statement of Ownership 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:					
Personal Property Transaction New Used Used Uien Assignment Convert back to Personal Property Other: Other:			Process application in the normal 15 working days. A payment of \$55 per transaction is required (total amount can be combined into one payment). Process application within 5 working days from receipt. 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				
			<u>.</u>	BLOG	CK 2(a): Home In	nformat	ion (required)				
Manufacturer Name: Address: City, State, Zip: License Number:								Model: te of Manufacture: Total Square Feet: Wind Zone:			
Sections	La	bel/Sea	ıl Number	Comp	olete Serial Numi	ber	Weight		Size*	* <u>NOTE</u> : Size must be reported as the outside dimensions (<u>length and width</u>) of the home as measured to the nearest ½	
Section 1:									X		
Section 2:									X	foot at the base of the home, exclusive of the tongue or	
Section 3:	3:							X other towing device.			
Section 4:									X		
DOES HOME HAVE A HUD LABEL OR TEXAS SEAL? Yes \(\subseteq \text{No } \subseteq \) 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 \(\subseteq \text{ Section Two } \subseteq \text{ Section Three } \subseteq \text{ Section Four } \subseteq \) BLOCK 3: Home Location (required)											
Physical							· 1 /				
Location o	f	Physical Address (cannot be a Rt. or P. O. Box)									
Home:	imaga)										
(or 911 add	,			City Yes □ No □ If yes, include a copy of moving permit.				State ZIP County			
Was Home Was Home			e? Yes ☐ No ale? Yes ☐ No				permit. ion below, if know	'n			
Installer Nam				<u> </u>	•		·				
			•	BLOC	K 4: Ownership	Informa	ntion (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 (include area code)					Daytime Phone Number (include area code)						
4(c) Is this transaction a sale? Yes \(\square\) No \(\square\)								•			
4(d)	Date of sale, transfer or ownership change:										

HU	D Label #:	Seria	1#:		G	F# (for title co.):			
BLOCK 5: Right of Survivorship (if no box is checked, joint owners will NOT have right of survivorship)									
	necessary to meet the requirements of §1201.213 of the Standards Act.								
A 11	BLOCK 6: Election - Purchaser(s)/Transferee(s)/Owner(s) check one election type All manufactured housing is titled as Personal Property, unless elected as:								
		•	_	•		1)			
	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. I (we) understand that the home will not be considered to be real property until a certified copy of the Statement of Ownership 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 Business Use, Non-Residential, or Salvage									
Tf b	omo WILL NOT be w			Business Use,	Non-Residentia	al, or Salvage			
	dwelling) Purchaser intends for a person to be present in the home for regularly scheduled work shifts of not less than eight hours each day. Non-Residential Use Other than Business Use or Salvage (means use of a manufactured home for a purpose other than as a permanent or temporary residential dwelling)								
_	company pays the full insured value of the home.) A salvaged home may only be sold to or rebuilt by a licensed Retailer (subject to inspection and approval prior to construction).								
BL	BLOCK 8(a): Liens: Will there be any liens on the home (other than a tax lien)? Yes \(\Backslash \) No \(\Backslash \) If yes, complete the below lien information.								
BLOCK 8(b): Lien Information									
Dat	e of First Lien:			Date of Sec	ond Lien:				
Nan	ne of First Lienholder:			Name of Sec	ond Lienholder:				
	ling Address:			Mailing Ad					
_	//State/Zip:			City/State/Z	_				
Day	rtime Phone:			Daytime Ph					
		В	LOCK 9: Specia		tructions				
				Name:					
		of Ownership is to be mailed to	M-:1	Company:					
		rner or lienholder of record (such e provide that mailing address		ing Address:					
here		e provide that manning address		y, State, Zip: Code/Phone:					
			Aica	Email:					
		BLOCK 10	: Signatures Rec		zation is Ontio	nal)			
	10(a) Sig	natures of each seller/transferor	v Signatures rec		10(b) Signatures of each purchaser/transferee or owner				
Signature of owner or authorized seller Sworn and subscribed before me this day of, 20				Sworn o		of purchaser/transferee or owner fore me this day of	. 20		
	sworn and subscribed b	efore me inis ady of	, 20						
Signature of Notary SEAL						Signature of Notary SEAL			
	Signati	re of owner or authorized seller			Sionature	of purchaser/transferee or owner			
Sworn and subscribed before me this day of, 20			20	Sworn and subscribed before me this day of, 20					
		egore me mus ady of	, 20	Sworn t		ore me ius auy oj	, 20		
		Signature of Notary SEAL		Signature of Notary SEAL					
		ידויירי	10(c) For Lien	Assignments (Only	, D. 111			
-	Signature of autho	rized representative for previous lier	holder		Signature of aut	horized representative for new lender			