



NOTICE OF ACKNOWLEDGMENT

SECTION I. DESCRIPTION OF UNIT

This unit is a (check one):

Manufactured Home, Mobilehome, Multi-family Manufactured Home Commercial Modular Truck Camper Floating Home

The Decal (License) Number(s) is: _____

The Trade Name is: _____

The Serial Number(s) is: _____

SECTION II. ACTION REQUESTED

I/We _____
Name of Applicant(s) Exactly as it Appears on Application

Having made, or about to make, application for registration or transfer of ownership interest of the unit above (Check One):

Elect to post a deposit in the amount of \$ _____ with the Department of Housing and Community Development in lieu of a surety bond in like amount as provided for in Section 18086.5 of the California Health and Safety Code.

Applicant further understands that the Director is authorized to reduce the sum of said deposit to the extent of all claims owing the Department of Housing and Community Development arising from any loss or damage on account of any defect in or undisclosed claim upon the right, title and interest of the Applicant or other person in and to the above-described unit, and reasonable attorney fees and administrative costs incurred in processing claims against such deposit; that the reduction of such deposit by any amount is grounds for automatic cancellation of the certificate of title, under the provisions of Section 18122 of the California Health and Safety Code, until such time as the deposit is restored to its original amount.

Elect to post, under provisions of Section 18086.5 of the California Health and Safety Code, with the Department of Housing and Community Development evidence of a \$ _____ deposit, or an investment certificate in like amount, in a Financial Institution authorized to do business in the State of California and insured by the Federal Deposit Insurance Corporation or the _____, together with a written irrevocable assignment of said deposit or certificate to the Department of Housing and Community Development. Said deposit or certificate issued by:

(Financial Institution) (Certificate Number)

Street Address or P.O. Box City State Zip

Elect to post, under the provisions of Section 18086.5 of the California Health and Safety Code, a Certificate of Deposit or a fully paid certificate in my/our name, issued by a financial institution authorized to do business in the State of California and insured by the Federal Deposits Insurance Corporation, or the _____ and payable to the Department of Housing and Community Development in the amount of \$ _____. Said Certificate has been issued by:

(Financial Institution) (Certificate Number)

Street Address or P.O. Box City State Zip

SECTION III. ACKNOWLEDGMENT OF APPLICANT

I/We acknowledge that the deposit, investment certificate, certificate of deposit, or a full paid certificate will be retained by the Department of Housing and Community Development for a three-year period from the date the certificate of title is issued for the above-described unit. After the three-year period, it shall be returned to:

Executed on _____ at _____
Date City State

Signature: _____

Address: _____
Street Address or P.O. Box City State Zip

DISTRIBUTION: WHITE COPY TO DEPARTMENT, GREEN COPY TO APPLICANT