

STATE OF CALIFORNIA
BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS
REGISTRATION AND TITLING PROGRAM



**DISABLED VETERAN
APPLICATION FOR EXEMPTION FROM THE IN LIEU TAX FEE
FOR MANUFACTURED HOME OR MOBILEHOME**

SECTION I. DESCRIPTION OF UNIT

The Decal (License) Number(s): _____
The Trade Name is: _____
The Serial No.(s) is: _____

SECTION II. REGISTERED OWNER INFORMATION

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

SECTION III. REQUEST FOR \$20,000 EXEMPTION

I/We, the undersigned, hereby state that the manufactured home/mobilehome described above is my/our principal place of residence and request the exemption of the first \$20,000 of the market value of the manufactured home/mobilehome identified on this form due to the following:

Disabled Veteran was disabled as a result of injury or disease incurred in military service. (CHECK ONE)

- Veteran was resident of California at the time of entry into the service, who is blind, or lost the use of two or more limbs, or is totally disabled; OR
 Veteran was resident of California on November 7, 1972, and blind in both eyes, or lost the use of two or more limbs; OR
 Veteran was resident of California on January 1, 1975, and was totally disabled.

Spouse Complete the following: (CHECK ONE)

- I am the spouse of a Disabled Veteran who was disabled as a result of injury or disease incurred in military service as indicated above; OR
 I am the unmarried surviving spouse of a Disabled Veteran who was disabled as a result of injury or disease incurred in military service as indicated above.

DEFINITIONS

- "Blind in both eyes" means having a visual acuity of 5/200 or less.
- "Lost the use of a limb" means that the limb has been amputated or its use has been lost by reason of ankylosis, progressive muscular dystrophies, or paralysis.
- "Totally disabled" means that the United States Veterans Administration or the military service from which such veteran was discharged has rated the disability of 100 percent or have rated the disability compensation at 100 percent by reason of being unable to secure or follow a substantially gainful occupation.
- All units of the manufactured home/mobilehome must be combined before the exemption can be granted.

SECTION IV. REQUEST FOR \$30,000 EXEMPTION

Dependent on your income, you may be eligible for an additional \$10,000 exemption. If you believe you may be eligible, complete the following information: My/Our total household income for the last calendar year of _____ was \$_____.

SECTION V. OWNERSHIP STATUS

VETERAN OR SPOUSE COMPLETE THE FOLLOWING TO INDICATE OWNERSHIP OF THE MANUFACTURED HOME OR MOBILEHOME

- | | | | |
|---|----------------|---|---------------|
| <input type="checkbox"/> Veteran Only | 100% Exemption | <input type="checkbox"/> Veteran and Two Other People (other than spouse) | 34% Exemption |
| <input type="checkbox"/> Veteran and Spouse | 100% Exemption | <input type="checkbox"/> Spouse and Two Other People | 34% Exemption |
| <input type="checkbox"/> Spouse Only | 100% Exemption | <input type="checkbox"/> Veteran and Spouse and Two Other People | 50% Exemption |
| <input type="checkbox"/> Veteran and Another Person (other than spouse) | 50% Exemption | <input type="checkbox"/> Veteran and Three Other People | 25% Exemption |
| <input type="checkbox"/> Spouse and Another Person (other than veteran) | 50% Exemption | <input type="checkbox"/> Spouse and Three Other People | 25% Exemption |
| <input type="checkbox"/> Veteran and Spouse and Another Person | 67% Exemption | <input type="checkbox"/> OTHER (Type of ownership is not shown). | |
- Indicate type of ownership: _____

SECTION VI. CERTIFICATION

Executed on _____ at _____
Date City State

I/We certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature(s): _____

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