FLOATING HOME OWNERSHIP QUESTIONNAIRE

SECTION I. DESCRIPTION OF UNIT

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

The Trade Name is: ________________________________________

The Serial Number(s) is: ________________________________

SECTION II. OWNERSHIP AND TITLE INFORMATION

I/We, the undersigned, hereby state that this floating home is designed and built to be used or is modified to be used as a stationary waterborne residential dwelling; has no mode of power of its own; is dependent for utilities upon a continuous utility linkage to a source originating on shore; has a permanent continuous hookup to a shore side sewage system pursuant to Section 18075.55 of the California Health and Safety Code. I/We also state that the following information applies to the floating home described in Section I:

1. Are there any existing titles? ______ Yes ______ No
   If yes, the license or decal number is: ________________________
   If the Title is not being submitted, indicate the disposition (i.e., lost, stolen, etc.): __________________________

2. Was the floating home ever registered with DMV? ______ Yes ______ No
   If yes, the "CF" number assigned by DMV is: _________________

3. Are there any existing liens against this floating home? ______ Yes ______ No
   If yes, indicate the name(s) and address(es) of the lienholder(s): __________________________

4. Are there any co-owners of this floating home? ______ Yes ______ No
   If yes, indicate the name(s) and address(es): __________________________

SECTION III. CERTIFICATION

I/We further agree to indemnify and save harmless the Director of Housing and Community Development, State of California, and subsequent purchasers of said unit, for any loss they may suffer resulting from registration of the above-described unit in California, or from issuance of a California Certificate of Title covering the same.

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

Executed on ______________________ at ______________________

Date    City    State

Signature: ____________________________

Address: ____________________________

Street Address or P.O. Box    City    State    Zip