

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



TAX RELIEF CLAIM

SECTION I. DESCRIPTION OF DESTROYED MANUFACTURED HOME, MOBILEHOME, OR MULTIFAMILY MANUFACTURED HOME

MANUFACTURER TRADE NAME:

YEAR MODEL:

DECAL/LICENSE NUMBER(S)	MANUFACTURER SERIAL NUMBER(S)	LENGTH	WIDTH

SECTION II. STATEMENT OF FACTS

I/We, the undersigned, hereby declare that the manufactured home, mobilehome, or multifamily manufactured home described in Section I., was located in an area declared by the Governor of the State of California as being a disaster area and that the manufactured home, mobilehome, or multifamily manufactured home was destroyed as a result of the recognized disaster. I/We further declare that the described manufactured home, mobilehome, or multifamily manufactured home was damaged to an extent that the cost of repair exceeds the value of the manufactured home, mobilehome, or multifamily manufactured home prior to its destruction, or the manufactured home, mobilehome, or multifamily manufactured home has been declared a total loss for insurance purposes.

1. The manufactured home, mobilehome, or multifamily manufactured home was located in the county of _____

2. The manufactured home, mobilehome, or multifamily manufactured home was located at the following address or site:

3. The manufactured home, mobilehome, or multifamily manufactured home was destroyed on _____ as a result of:

Date

SECTION III. CERTIFICATION

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

Executed on _____ a _____, _____

Date

City

State

Signature(s): _____

Printed Name(s): _____

Address: _____

SECTION IV. DESCRIPTION OF REPLACEMENT MANUFACTURED HOME, MOBILEHOME, OR MULTIFAMILY MANUFACTURED HOME

MANUFACTURER TRADE NAME:

YEAR MODEL:

DECAL/LICENSE NUMBER(S)	MANUFACTURER SERIAL NUMBER(S)	LENGTH	WIDTH

SECTION V. COUNTY ASSESSOR STATEMENT

This section is to be completed by the assessor of the county where the replacement manufactured home, mobilehome, or multifamily manufactured home is located as required by Section 172.1, Revenue and Taxation Code.

I, the undersigned, have determined that the described replacement manufactured home, mobilehome, or multifamily manufactured home:

- 1. Is Is not comparable in size, utility and location as the described destroyed manufactured home, mobilehome, or multifamily manufactured home, and,
- 2. The owner is is not eligible for the tax relief provided by Section 172.1, Revenue and Taxation Code.

Signature of Assessor *Title*

County *Telephone Number* *Date*

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT USE ONLY

To: County Assessor

The manufactured home, mobilehome, or multifamily manufactured home described in Section IV., "Description of Replacement Manufactured Home, Mobilehome, or Multifamily Manufactured Home" of this form, has been determined to be subject to local property taxation and the provisions of Section 172.1(b), Revenue and Taxation Code.

The Department's records indicate that the manufactured home, mobilehome, or multifamily manufactured home described in SECTION I., "Description of Destroyed Manufactured Home, Mobilehome, or Multifamily Manufactured Home" was subject to:

Local Property Taxation on the date of destruction as indicated in Section II of this form.

Vehicle license fees on the date of destruction as indicated in Section II of this form. The total registration fees and vehicle license fees paid on the destroyed manufactured home/mobilehome for the year prior to its destruction were: \$ _____

Signature of HCD Representative

Date

Department of Housing and Community Development
Division of Codes and Standards
Registration and Titling Program