

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

Pursuant to the Texas Manufactured Housing Standards Act, Chapter 1201 of the Occupations Code

Internet Address: www.tdhca.state.tx.us/mh/index.htm

APPLICATION FOR STATEMENT OF OWNERSHIP AND LOCATION

Instructions: Submit this completed form (type or print clearly) with the required fee to the above address.

BLOCK 1: Transaction Identification

This application is for: <input type="checkbox"/> First time issuance of an SOL for a new home (first retail sale) <input type="checkbox"/> Revised <input type="checkbox"/> Correction <input type="checkbox"/> Other _____	(For Department Use Only) Coding: Lien on file: Y / N Lienholder Code County Code: Right of Surv.: Y / N Retailer #: Manufacturer #:
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BLOCK 2: Home Information

Manufacturer Name:		Model:	
Address:		Date of Manufacture:	
City, State, Zip:		Total Square Feet:	
License Number:		Wind Zone:	

	Label/Seal Number	Serial Number	Weight	Size*	*NOTE: Size must be reported as the outside dimensions (length and width) of the home as measured to the nearest 1/2 foot at the base of the home, exclusive of the tongue or other towing device.
Section 1:				X	
Section 2:				X	
Section 3:				X	
Section 4:				X	

BLOCK 3: Home Location

Was Home Moved? No Yes

Was Home Installed? No Yes If yes, provide installer information below, if known

Installer Name: _____

Address/City/State/ZIP: _____

Installer Phone: _____ Installer Fax: _____

Physical Location: _____
(or 911 address)

Physical Address (cannot be a Rt. or P. O. Box)	City	State	ZIP	County
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BLOCK 4: Ownership Information

IF ownership changed, date of transfer: _____

(4a) Seller(s) or Transferor(s)		(4b) 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 () -		Daytime Phone Number () -	

BLOCK 5: Right of Survivorship (if no box is checked, joint owners will NOT have right of survivorship)

If joint owners desire right of survivorship, check the applicable box below:

Husband and wife will be the only owners and agree that the ownership of the above described manufactured home shall, from this day forward, be held jointly and in the event of death, shall pass to the surviving owner.

Joint owners are other than husband and wife, desire right of survivorship, **and** have attached a completed Affidavit of Fact for Right of Survivorship or other affidavits as necessary to meet the requirements of §1201.213 of the Standards Act.

BLOCK 6: Personal/Real Property Election

- Personal Property – Applicant elects to treat this home as personal property. All documents affecting title to the home will be filed in the records of the Department.
- Real Property – I (we) elect to treat this home as real property and certify that I am (we are) entitled to make this election in accordance with Section 1201.2055 of the Occupations Code because (**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 SOL 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.

Legal description must be provided for real property: _____

- For Title Companies or Attorney's Offices – List your file or GF #: _____
- Inventory – Retailer number must be provided in Block 4b. (**FOR RETAILER USE ONLY**)

BLOCK 7: Designated Use - to be designated by purchaser(s), transferee(s), or owner(s)

- Residential Use (as a dwelling) OR
- Non-Residential - Check **one** of the following: *Business Use* *Salvage*

BLOCK 8: Liens - Specify any liens (other than tax liens), charges, or other encumbrances to be recorded on the SOL

Date of First Lien: _____ Name of First Lienholder: _____ Mailing Address: _____ City/State/ZIP: _____ Daytime Phone Number: () - _____	Date of Second Lien: _____ Name of Second Lienholder: _____ Mailing Address: _____ City/State/ZIP: _____ Daytime Phone Number: () - _____
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BLOCK 9: Special Mailing Instructions.

IF a certified copy of an SOL is to be mailed to anyone other than the owner or lienholder of record (such as a closing agent), please provide that mailing address here and enclose the additional fee.

Name: _____ Company: _____ Street Address: _____ City, State, Zip: _____	
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BLOCK 10: Certification and Notarization - The statements set forth herein are made under oath and are true and correct.

- **Seller certifies that any required habitability warranty has been delivered (consumer to consumer sales are exempt).**
- **If the Statement of Ownership and Location is for a used home, seller certifies that the purchaser has been given a written disclosure on a form prescribed by the Department describing the condition of the home and of any appliances that are included in the home.**

(10a) Each seller/transferor must sign, but notary signature and seal are optional.	(10b) Each purchaser/transferee or owner must sign, and notary signature and seal are required.
_____ <i>Signature of seller/transferor</i> Sworn and subscribed before me this ____ day of _____, 20__ _____ <i>Signature of Notary</i> SEAL	_____ <i>Signature of purchaser/transferee or owner</i> Sworn and subscribed before me this ____ day of _____, 20__ _____ <i>Signature of Notary</i> SEAL
_____ <i>Signature of seller/transferor</i> Sworn and subscribed before me this ____ day of _____, 20__ _____ <i>Signature of Notary</i> SEAL	_____ <i>Signature of purchaser/transferee or owner</i> Sworn and subscribed before me this ____ day of _____, 20__ _____ <i>Signature of Notary</i> SEAL