

Texas Department of Housing and Community Affairs

MANUFACTURED HOUSING DIVISION

P. O. BOX 12489 Austin, Texas 78711-2489

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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****BLOCK 1: Transaction Identification**

This application is for:

- ☐ First time issuance of an SOL for a new home (first retail sale)
- ☐ Revised SOL to reflect changes in (check **all** that apply and complete the applicable blocks):
 - ☐ Location (Blocks 2, 3, 4b, 6, 7, and 10)
 - ☐ Ownership (Blocks 2, 3, 4a, 4b, 5, 6, 7, 8, 9, 10a, and 10b)
 - ☐ Personal/real property election (Blocks 2, 3, 4b, 6, 7, and 10b)
 - ☐ Residential/non-residential use (Blocks 2, 3, 4b, and 10b)
 - ☐ Lien information (Blocks 2, 3, 4b, 10b, and if **adding** a lien, Block 8)
- ☐ Correction (Blocks 2 and 10b **and** specify corrections to be made in other Blocks as appropriate)
- ☐ Quick Processing (requires additional fee **and** completed Quick Processing Form)
- ☐ Other _____

For Department Use Only
Codes:

Form T: Y / N

County Code:

Right of Surv.: Y / N

Wind Zone: I / II

Retailer #:

Manufacturer #:

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 (<u>length and width</u>) of the home as measured to the nearest ½ 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 LocationWas Home Moved? ☐ Yes ☐ No If yes, attach copy of moving permit.Was Home Installed? ☐ Yes ☐ No If yes, attach Form T – Notice of Installation and copy of moving permit.

Physical Location:

Address

City

State

ZIP

County

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 - to be elected by purchaser(s), transferee(s), or owner(s)

- ☐ 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.

Legal description must be provided for real property: _____

- ☐ 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)
- ☐ Non-Residential - Check **one** of the following:
- ☐ Business Use
 - ☐ Salvage

BLOCK 8: Personal Property Liens - Specify any liens, charges, or other encumbrances to be recorded on the SOL

Date of First Lien:		Date of Second Lien:	
Name of First Lienholder:		Name of Second Lienholder:	
Mailing Address:		Mailing Address:	
City/State/ZIP:		City/State/ZIP:	
Daytime Phone Number:	() -	Daytime Phone Number:	() -

BLOCK 9: Third Party Special Mailing Instructions - for copies requested by persons other than owner or lienholder of record

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.

Name: _____
 Company: _____
 Street Address: _____
 City, State, Zip: _____

BLOCK 10: Certification and Notarization - The statements set forth herein are made under oath and are true and correct.

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