

## Manufactured Home Homestead Application

Pursuant to Minnesota Statute 273.124, state law requires that all manufactured home owners or relative/occupants provide the following information. Social Security Numbers are required for all owners or qualified relatives who lived in the property on January 2<sup>nd</sup> or May 29<sup>th</sup> and who claim it as their homestead. If you do not provide the Social Security Numbers, the County Assessor will classify the property as non-homestead.

**Failure to return ownership/occupancy information could result in your home being taxed as non-homestead. This will result in a higher rate of tax than the homestead rate.**

Attach:

1. Copies of all sales documentation, including Certificate of Title.
2. Non-Occupant Relative Form, if the occupant of the home is a relative.

If this home is sold or you change your primary residence, you are required by state law to notify your County Assessor within 30 days.

**If you have any questions about this form, please call the Ramsey County Assessor's Office at 651-266-2131.**

Return completed form to:  
Ramsey County Assessor's Office, P.O. Box 64097, Saint Paul, MN 55164-0097

### Manufactured Home Owner or Relative/Occupant

Property Address: \_\_\_\_\_  
Park Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
VIN#: \_\_\_\_\_

Ownership of this property began on \_\_\_\_\_ Occupancy of this property began on: \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Address: \_\_\_\_\_  
Park Name: \_\_\_\_\_  
Name: \_\_\_\_\_

Ownership of this property began on \_\_\_\_\_ Occupancy of this property began on: \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For the purpose of obtaining the homestead classification and under penalties provided by the law for making a false statement, I declare that on January 2, or May 29, of the current year, I was an owner or a qualifying relative of the owner of this property, that said property was my primary residence, and that I was a Minnesota resident.**

Purchase Price: \$ \_\_\_\_\_ Date of purchase: \_\_\_\_\_ Contract for Title?  Yes  No

## Type of Acquisition (check all that apply)

- Advertised, open market sale (eg. sign, broker listing, newspaper ad, drive by).
- Unadvertised sale (eg. word of mouth, friend/acquaintance)
- Did you buy this home from a relative?
- Are you buying the home on a contract for title?
- Was this home a gift?
- Was this home ever condemned or foreclosed by a mortgage company or bank?
- Home was bought from a dealer – if yes, provide name of dealer: \_\_\_\_\_

Comments: \_\_\_\_\_

Will this property be the owner's residence?  Yes  No      Date moved in: \_\_\_\_\_  
Is there a non-resident owner?  Yes  No      Date moved in: \_\_\_\_\_  
Is the occupant a relative of the owner?  Yes  No      Date moved in: \_\_\_\_\_

## Manufactured Home Description

The accuracy of assessed manufactured home values depends upon the accuracy of the sales information our office receives. We appreciate your cooperation in providing the data about the home and the transaction in which you acquired it.

Make: \_\_\_\_\_      Floor Width: \_\_\_\_\_  
Model: \_\_\_\_\_      Floor Length: \_\_\_\_\_  
Manufactured Year: \_\_\_\_\_

Porch:  No  Yes, size of porch \_\_\_\_\_ x \_\_\_\_\_  
Deck:  No  Yes, size of deck \_\_\_\_\_ x \_\_\_\_\_  
Canopy:  No  Yes, size of canopy \_\_\_\_\_ x \_\_\_\_\_  
Central Air:  No  Yes  
Fireplace:  No  Yes  
Central Air:  No  Yes  
Exterior Type:  Vinyl  Metal  Wood  Other: \_\_\_\_\_

Total Bedrooms: \_\_\_\_\_ Total Bathrooms: \_\_\_\_\_ Total Other Rooms: \_\_\_\_\_

Condition of Home:  New  Excellent  Good  Average  Fair  Poor

Please check components that have been recently updated or replaced:

exterior/siding       heating/cooling       floor/wall/ceiling  
 windows       kitchen       Other: \_\_\_\_\_  
 roof       bath

Comments: \_\_\_\_\_