

## AFFIDAVIT FOR MANUFACTURED HOME SEVER FROM REAL PROPERTY

**PURPOSE:** Use this form to request a new title for your manufactured home when you detach (sever) it from real property.

**INSTRUCTIONS:** Return the completed form to the Titling Work Center at the address above. Only the Titling Work Center can process this transaction.

MANUFACTURED HOME INFORMATION			
<b>Certain manufactured homes such as "double wides", have multiple vehicle identification numbers. Be sure to enter the additional vehicle identification number(s) if applicable to the manufactured home you are detaching from real property.</b>			
VEHICLE IDENTIFICATION NUMBER	VEHICLE IDENTIFICATION NUMBER		
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<b>Enter the location of the real property where the manufactured home is being detached (severed).</b>			
PHYSICAL ADDRESS OF MANUFACTURED HOME	CITY	STATE	ZIP CODE
MANUFACTURED HOME JURISDICTION (check one) <input type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input type="checkbox"/> TOWN of _____			
OWNER INFORMATION			
OWNER FULL LEGAL NAME (last, first, middle, suffix)		DMV CUSTOMER NUMBER / FEIN / SSN	
CO-OWNER FULL LEGAL NAME (last, first, middle, suffix)		DMV CUSTOMER NUMBER / FEIN / SSN	
RESIDENCE/HOME ADDRESS (Apt. # if applicable) (if different from above)	CITY	STATE	ZIP CODE
MAILING ADDRESS (if different from above)	CITY	STATE	ZIP CODE
CO-OWNER RESIDENCE ADDRESS (if different from above)	CITY	STATE	ZIP CODE
RESIDENCE JURISDICTION (check one) (if different from above) <input type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input type="checkbox"/> TOWN of _____			
CERTIFICATION			
I/We have provided DMV with acceptable evidence showing the manufactured home has been detached (severed) from the property described above. I/We further certify and affirm that all information presented in this form is true and correct, that any documents I/we have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I/We make these certifications and affirmations under penalty of perjury and I/we understand that knowingly making a false statement or representation on this form is a criminal violation.			
OWNER SIGNATURE	DATE (mm/dd/yyyy)	CO-OWNER SIGNATURE	DATE (mm/dd/yyyy)
NOTARIZATION (must be completed by notary public)			
State/Commonwealth of _____, city or county of _____		NOTARY PUBLIC SEAL	
subscribed and sworn to before me on this _____ day of _____ (MONTH) (YEAR)			
by _____ in the city or county and state aforesaid.			
REGISTRATION NUMBER	MY COMMISSION EXPIRES (mm/dd/yyyy)		
NOTARY PUBLIC NAME	NOTARY PUBLIC SIGNATURE		