www.dmvNow.com
Virginia Department of Motor Vehicles
Post Office Box 27412
Richmond, Virginia 23269-0001

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

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.

VEHICLE IDENTIFICATION NUMBER	VEHICLE IDENTIFICATION NUMBER
VEHICLE IDENTIFICATION NUMBER	VEHICLE IDENTIFICATION NUMBER

Enter the location of the real property where the manufactured home is being detached (severed).

PHYSICAL ADDRESS OF MANUFACTURED HOME	CITY	STATE	ZIP CODE

MANUFACTURED HOME JURISDICTION (check one)
☐ CITY ☐ COUNTY ☐ 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)
☐ CITY ☐ COUNTY ☐ 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)

Commonwealth of Virginia, city or county of _____ subscribed and

sworn before me on this _____ day of _____
(MONTH) (YEAR)

by_____ in the city or county and state aforesaid.

REGISTRATION NUMBER (6 digits)	MY COMMISSION EXPIRES (mm/dd/yyyy)
NOTARY PUBLIC NAME	NOTARY PUBLIC SIGNATURE

NOTARY PUBLIC SEAL