

Mobile Home Relocation Assistance Application

Please print or type

If you need additional information, call 1-800-964-0852.

Mobile Home Owner Information

Mobile Home Owner's Name: _____

Current Mailing Address: _____
Street or PO Box

City _____ State _____ Zip Code _____

Contact Person (if different from above): _____

Daytime Telephone Number: () _____

Social Security Number: _____ Year Home Manufactured: _____

Single Section Multiple Section Dimensions _____ X _____

Closed/Closing Mobile Home Park Information

Park Name: _____ City: _____

Owner: _____ Telephone: () _____

Manager: _____ Telephone: () _____
(If different from owner)

Number of years you lived in this park: _____

Did you receive notification of potential park closure prior to moving in? Yes No

If Yes, how you were made aware: _____

Official closure date: _____ Date you received written notice: _____
month/day/year month/day/year

Have or will you receive relocation assistance from any other source? Yes No

If Yes: Amount \$ _____ Source _____

Contact Information After Closure

Mailing Address: _____
Street or PO Box

City _____ State _____ Zip Code _____

Telephone Number: () _____

Final Destination Information: Move to Apartment Land Purchase Living w/Family Mobile Home Park Other (Explain Below)

IMPORTANT

1. **Eligibility is determined by park closure notice, proof of residency at time closure notice was issued, maintaining ownership of and removing home from closing park, verification of income, and availability of funds. (Additional documentation may be required. If so, you will be notified.)**

To establish eligibility, provide copies of:

- Written Notice of Park Closure
- At Least One Full Month's Documented Income Verification (W-2, Tax Return, Pay Stub, Government Assistance Form, Social Security Statement, etc.)
- Proof of Residency (Park Lease/Rental Agreement, Rent Receipt, etc.)

2. **Before a reimbursement check can be issued, ALL documentation must be complete and received by the Office of Manufactured Housing.**

- Signed Application (page 4)
- Established Eligibility (Income Verification and Proof of Residency)
- A W-9 form completed by the homeowner
- Moving contract and copies of all receipts/invoices
- Include a Demolition Certificate if home was demolished
- Include photographic documentation of tip-out/add-on if applicable
- A Work Completion Form is required if a two party payment agreement is made

3. **To expedite your reimbursement, remember to:**

- Complete all information accurately
- Provide the current mailing address and telephone number where you can be contacted regarding your application (page 1)
- Provide Name and Social Security Number (page 1)
- Provide an address and telephone number where you can be reached after your move (page 1)

Return completed application and all attachments to:

Department of CTED
Office of Manufactured Housing
Post Office Box 42525
Olympia, Washington 98504-2525

Questions? Call 1-800-964-0852

Household Member and Income Information Form

List all immediate members of household, their source(s) of income, and gross amount each member received for all verification of income(s) you are providing.

Household Member	Source of Income	Gross Amount	Time Period Covered
1.			
2.			
3.			
4.			
5.			
6.			

* If you have more than 6 household members, please use a second copy of this form.

Household average monthly income: _____

Number of months documented: _____

I certify that the above information I have provided is a complete and accurate list of all household members and their income for the period listed. I understand that I am signing this form under penalty of criminal prosecution if I knowingly give false information resulting in payment to which I am not entitled.

Applicant's Signature

Date

I hereby certify under penalty of perjury that the foregoing information is true and complete to the best of my knowledge. I further understand that intentional misrepresentation in this application might result in the forfeiture of relocation assistance provided by the Mobile Home Relocation Assistance Act. I authorize Washington State Department of Community, Trade and Economic Development to make inquiries to verify the statements herein.

Mobile Home Owner's Signature: _____ Date: _____

Witness to Homeowner's Signature: _____ Date: _____

Please do not write below this line

 STATE OF WASHINGTON DEPARTMENT OF COMMUNITY, TRADE AND ECONOMIC DEVELOPMENT

AGENCY USE ONLY		
AGENCY NO.	LOCATION CODE	PR OR AUTH. NO.
1030		

VENDOR NAME AND ADDRESS

AGENCY NAME AND ADDRESS
Department of Community, Trade & Economic Development Office of Manufactured Housing

Mobile Home Relocation Assistance per RCW 59.21.050

Amount Requested: \$ _____

Single Multiple Section Amount Allowable for Reimbursement: \$ _____

FED TAX ID #					PROGRAM APPROVAL					DATE			
DOC INPUT DATE		CURRENT DOC NO		REF DOC NO		VENDOR NUMBER			SUFFIX				
ACCOUNT NO.				ASD NUMBER		VENDOR MESSAGE							
						N/A							
TRANS CODE	MOD	MASTER INDEX	FUND	APPN INDEX	PROGRAM INDEX	SUB OBJ	SUB SUB OBJ	PROJECT	SUB PROJ	GL ACCT	SUBSID ACCOUNT	AMOUNT	INVOICE NUMBER
		44010260				NZ						\$	Relocation
SIGNATURE OF ACCOUNTING PREPARER FOR PAYMENT									DATE		WARRANT TOTAL		INVOICE DATE
ACCOUNTING APPROVAL FOR PAYMENT									DATE				