

# MANUFACTURED HOME OWNERSHIP AND HOMESTEAD APPLICATION



**Anthony P. Rasmuson**  
**Wright County Assessor**

Wright County Government Center  
10 2nd Street NW, Room 100  
Buffalo, MN 55313-1183  
Phone: (763) 682-7367 / (800) 362-3667  
FAX: (763) 684-4553  
www.co.wright.mn.us

Name of Park \_\_\_\_\_ Lot \_\_\_\_\_

Name of owner (1) \_\_\_\_\_

Name of owner (2) \_\_\_\_\_

Social Security # of owner (1) \_\_\_\_\_ Drivers Lic # \_\_\_\_\_

Social Security # of owner (2) \_\_\_\_\_ Drivers Lic # \_\_\_\_\_

\*\*Social Security numbers must be included to receive the Homestead Classification for Manufactured Homes. Individual Taxpayer Identification Number (ITIN) can not be used in place of Social Security Number.

Address \_\_\_\_\_

City/State \_\_\_\_\_

Owner Telephone: home # \_\_\_\_\_ cell # \_\_\_\_\_

Ownership: Individual  Co-owner  Other

Primary Use: Principal Residence  Recreational  Rental

IF RENTED: Please list renter's information

Renter's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

## OWNER'S DECLARATION

I (WE), THE UNDERSIGNED, DECLARE THAT I (WE) OWNED THE Manufactured Home as my (our) principal place of residence and home to the exclusion of any other property owned or rented in the State of Minnesota and that all statements made herein are correct. **We acknowledge that our homestead will not be granted unless all current and delinquent taxes are paid in full along with providing proof of ownership showing our printed names on the title.**

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

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

\*\*\* A copy of the Manufactured Home Title or Contract is required with this application \*\*\*

Complete BOTH sides of this form. Please see back side for Description of Unit.

For office use only PID #

## Unit Description and Information

Make \_\_\_\_\_ Model \_\_\_\_\_  
Year \_\_\_\_\_ Width \_\_\_\_\_ Length (Title length) \_\_\_\_\_ (Measured length) \_\_\_\_\_  
Serial # \_\_\_\_\_ Title # \_\_\_\_\_  
Color \_\_\_\_\_ Trim \_\_\_\_\_ Type of Siding \_\_\_\_\_  
(Wood, Vinyl, Masonite, Steel, etc.)  
# Full Bathrooms \_\_\_\_\_ #  $\frac{3}{4}$  Bathrooms \_\_\_\_\_ #  $\frac{1}{2}$  Bathrooms \_\_\_\_\_ Whirlpool \_\_\_\_\_  
(tub, shower, toilet, sink) (shower, toilet, sink) (toilet, sink)

Optional Features: (Check only those that apply)

Roof: Gable \_\_\_\_\_ Flat \_\_\_\_\_  
Central Air: Yes \_\_\_\_\_ No \_\_\_\_\_  
Window: Bay (protruding-adds floor space) \_\_\_\_\_ Bow (protruding window only-not to floor) \_\_\_\_\_  
Fireplace: Yes \_\_\_\_\_ No \_\_\_\_\_  
Overall Condition: Excellent \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

Add on Rooms and Attached Facilities Sizes:

Deck Size \_\_\_\_\_  
Porch Size \_\_\_\_\_ Open  Screened  Fully enclosed   
Storage Building(s) or Shed(s) Size \_\_\_\_\_  
Addition(s) Size \_\_\_\_\_

Date of Mobile Home Purchase \_\_\_\_\_  
Date Occupied \_\_\_\_\_  
Purchased From: Dealer \_\_\_\_\_ Former Owner \_\_\_\_\_  
Is the Mobile Home: New \_\_\_\_\_ Used \_\_\_\_\_ Purchase Price \_\_\_\_\_

Name and Address of Previous Owner:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Please Return To:

Wright County Assessor's Office  
10 Second Street NW, Room 100  
Buffalo, MN 55313  
763-682-7367 or 1-800-362-3667 Ext. 7367

\*\*\* A copy of the Manufactured Home Title or Contract is required with this application \*\*\*