

**2010 MANUFACTURED HOME RETURN
THIS IS NOT A TAX BILL**

ACCOUNT #
OWNERS NAME
MAILING ADDRESS

**LEONARD SULLIVAN
OKLAHOMA COUNTY ASSESSOR'S OFFICE
320 ROBERT S. KERR AVE.
OKLAHOMA CITY, OK 73102
(405) 713-1260
FAX (405) 713-1220
www.oklahomacounty.org/assessor**

PHYSICAL PROPERTY ADDRESS
SERIAL NO/VIN #: REAL ESTATE: DECAL NO:

VALUE ASSIGNED BY ASSESSOR
MARKET VALUE: ASSESSED VALUE:

**OKLAHOMA LAW REQUIRES ALL MANUFACTURED HOMES BE ASSESSED
JANUARY 1ST THROUGH MARCH 15TH OF EACH YEAR
RETURN COMPLETED FORM BY MARCH 15TH TO AVOID PENALTY**

PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:

Serial Number/Vin # of Manufactured Home _____ Size: _____ Year: _____ Title #: _____
Are you or your spouse presently in the military, claiming legal residency in another state? Yes No If yes, please send proof and complete and return this form to the County Assessor and contact your tag agent for military tag.
Are you residing in the Manufactured Home? Yes No
Is the Manufactured Home located at the physical address shown? Yes No If no, please note the date moved and the new physical address. Date moved _____ / _____ / _____ New physical address _____

IF YOUR MANUFACTURED HOME HAS MOVED OR SOLD, PLEASE CONTACT THIS OFFICE. THE MANUFACTURED HOME WILL REMAIN ON THE TAX ROLLS WITH THE TAX LIABILITY UNDER YOUR NAME UNTIL WE ARE PROVIDED WITH APPROPRIATE DOCUMENTATION OF THE SALE. CONTACT THIS OFFICE AT (405) 713-1260.

OATH

I, the undersigned affiant, do solemnly swear and affirm that I have made true answers to the questions herein contained to the best of my knowledge and belief.

Signature _____
Home Phone No. _____
Work Phone No. _____

Mailing Address _____

Homestead Exemption

Any person sixty-two (62) years of age or older, who is head of household, and a resident of Oklahoma whose annual gross income from all sources for the preceding calendar year did not exceed ten thousand dollars (\$10,000) and owns and resides in a manufactured home which is located on land not owned by the owner of the manufactured home may receive an exemption up to two thousand dollars (\$2,000) assessed. To apply for this exemption on a Manufactured Home see reverse side of this form.

TO RECEIVE THIS EXEMPTION YOU MUST MEET ALL THE ABOVE REQUIREMENTS.

ASSESSOR'S USE ONLY:	ARBITRARY <input type="checkbox"/>	PENALTY <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	HOMESTEAD EXEMPTION <input type="checkbox"/>	PERMANENT <input type="checkbox"/>
	RENDERED 935 <input type="checkbox"/>			TEMPORARY <input type="checkbox"/>
	936-PDOUT <input type="checkbox"/>			DENIED <input type="checkbox"/>
DEPUTY _____			DATE _____	

MANUFACTURED HOME-PERSONAL PROPERTY HOMESTEAD EXEMPTION

To see if you qualify, answer all of the following questions and mail a copy of your title with this form. If your income from all sources for the preceding calendar year exceeds \$10,000, or you vacate the manufactured home, you are required by law to notify this office. Homestead Exemption must be filed annually between the ages of 62 and 65. If the applicant is 65 or over the homestead exemption becomes permanent. If you have any questions please contact our office. (405) 713-1260

First name and initial (if joint claimants, give first names and initials of both) _____		Last Name _____	Your Social Security No. : _____
Present home address (number and street, including lot number, or rural route) _____			Spouse's Social Security No. : _____
City, town or post office _____		VIN Number _____	Date of Birth _____
State _____	ZIP Code _____	Title Number _____	Age _____

A. Were you a resident of Oklahoma all year? _____	Yes _____	No _____
B. Are you sixty-two (62) years of age or older? _____	Yes _____	No _____
C. Do you reside in the manufactured home? _____	Yes _____	No _____
D. Is the claimant the owner of the manufactured home? _____	Yes _____	No _____
E. Is the land owned by the claimant? _____	Yes _____	No _____
F. Is the claimant head-of-household? _____	Yes _____	No _____

PART 1. Enter all income received by you, your spouse and members of your household in the year 2009.	MONTHLY	YEARLY
1. Enter total wages, salaries, fees, commissions, bonuses, tips, dividends, royalties, income from partnerships and estates and trusts, and gains from the sale or exchange of property. _____		
2. Enter gross rental, business and farm income. _____		
3. Enter total interest income received. _____		
4. Other (Specify) _____		
5. All other household income (include all other income received from each of the sources listed below).		
a. Social Security Payments _____		
b. Veteran's Disability Payments _____		
c. Railroad Retirement Benefits _____		
d. Other pensions & annuities _____		
e. Workmen's Compensation _____		
f. Loss of Time Insurance _____		
g. Support Money _____		
h. Alimony _____		
i. Cash Public Assistance _____		
j. Gross Income from out-of-state sources _____		
6. Total household income _____ (Add amounts one through five) if \$10,000 or over, no exemption is allowed _____		

PART II. Calculation of Tax Exemption (Assessor's use only)

1. Gross Assessed Valuation of Manufactured Home _____	\$ _____
2. Less Exemption (up to \$2,000) _____	\$ _____
3. Net Assessed Valuation of Manufactured Home _____	\$ _____

Verification: I hereby certify that all information herein is true and correct to the best of my knowledge.

Sign here _____
CLAIMANT
SPOUSE
DATE