STEARNS COUNTY HOMESTEAD APPLICATION FOR MOBILE HOMES

YEAR OF ____________

Date Of Application:__________________ Parcel # ___________________________________

Name/Names Of Owners:____

Address Of Owners: ____

Site Address:____

Location of Mobile Home(Lot #, or Property Owners Name, etc.):___________________________

Township Or City Mobile Home Is Located In:____

As of January 1, 2010, no mobile home owner/occupant can get homestead on a newly purchased mobile home without an updated Certificate of Title which shows that the mobile home has been transferred and is in the name of the person living there and applying for the homestead.

DESCRIPTION OF UNIT:

Make:____________________________ Model:_________________________ Year:_______________

Serial # (VIN#):_________________________ Width/Length: ____________ Color: __________

Additions, decks, etc. (describe and give sizes):_______________________________________

____

# of Bedrooms _______ # of Bathrooms: ________ Date Purchased: _______________

Purchase Price:______________________ Previous Year's Location: ________________________

Mobile Home Is Used As: Owner Occupied:____________ Seasonal__________ Rental:_______

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PLEASE COMPLETE BELOW IF UNIT IS OWNER OCCUPIED:

Please list your marital status:_______________________________

Are divorce proceedings pending? Yes No Are you **legally** separated? Yes No

Do you own other property receiving the homestead classification in Minnesota?

Yes:______ if yes, where:____

No:_______ Is second homestead required due to employment? Yes No
If so, please list location of employment:_____________________________________

I/WE DECLARE UNDER PENALTIES OF CRIMINAL LIABILITY FOR MAKING A FALSE STATEMENT (MSA 609.41) THAT THS DECLARATIION HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE AND CORRECT STATEMENT.

Date Mobile Home was occupied: __________________________________

______________________________________ ______________________________________
(signature of owner/occupant) (social security number of owner/occupant)

______________________________________ ______________________________________
(signature of owner/occupant) (social security number of owner/occupant)

Daytime telephone number:_____________________________