

Account #  
Owners Name  
Mailing Address

TXD

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

Oklahoma law requires all manufactured homes be assessed January 1st through March 15th each year

Please provide the following information:

Physical Address:

Serial No/VIN #:

Year:

Title #:

Decal No:

Other Improvements: (Porch, deck, carport, etc.)

Type: Description:

Type: Description:

Are you residing in the Manufactured Home?..... Yes  No

Are you or your spouse presently in the military and claiming legal residency in another state? Yes  No

If yes, provide proof and this completed form to the County Assessor and contact your tag agent for a tag at the military rate.

Is the Manufactured Home located at the physical address shown?..... Yes  No

If No, provide: Date moved \_\_\_\_/\_\_\_\_/\_\_\_\_ New physical address \_\_\_\_\_

Real Estate #:

Market Value:

Assessed Value:

**NOTICE:** If your manufactured home has moved or sold, please contact this office at (405) 713-1260. 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 move or sale.

OATH

I, the undersigned, affirm and attest, that all information provided and herein contained are true, correct and complete.

Signature \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone No. \_\_\_\_\_

\_\_\_\_\_

Work Phone No. \_\_\_\_\_

\_\_\_\_\_

**Homestead Exemption - To apply for this exemption on a Manufactured Home see reverse side of this form.**

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 \$32,250 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. You must meet these requirements to receive this exemption.

ASSESSOR'S USE ONLY:  
ARBITRARY   
RENDERED 935   
936-PDOUT

PENALTY 0 1 2

HOMESTEAD EXEMPTION

PERMANENT   
TEMPORARY   
DENIED

DEPUTY \_\_\_\_\_ DATE \_\_\_\_\_

## MANUFACTURED HOME-PERSONAL PROPERTY TAX EXEMPTION

To see if you qualify, answer the following questions and mail a copy of your title with this form. In order to qualify, your income from all sources for the preceding calendar year must not exceed \$32,250 which is 50% of the Department of Housing and Urban Development (HUD) median income. 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 vacate the manufactured home, you are required by law to notify this office. 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 2015.	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) _____		

**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