

2025 MANUFACTURED HOME RETURN
FILE ONLINE <https://assessor.oklahomacounty.org>
THIS IS NOT A TAX BILL

RETURN COMPLETED FORM BY MARCH 15TH TO AVOID PENALTY

Account #
Owners Name
Mailing Address

PIN # TXD

LARRY STEIN
OKLAHOMA COUNTY ASSESSOR'S OFFICE
320 Robert S. Kerr Ave.
Oklahoma City, OK 73102
(405) 713-1260
<https://assessor.oklahomacounty.org>

Scan the QR code below with your Smart Phone to access your account on-line.

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

Please provide the following information:

Physical Address of Manufactured Home:

Serial No/VIN #:

Year:

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 requested herein has been fully and correctly given to the best of my knowledge. (68 O.S. 2945 provides penalties for false oaths)

Signature _____

Mailing Address _____

Home Phone No. _____

Work Phone No. _____

Email Address _____

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 \$44,750 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:	IN-HOUSE <input type="checkbox"/>	PENALTY <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>	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 TAX EXEMPTION 68 OS Sec. 2949

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 \$44,750 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 I. Enter all income received by you, your spouse and members of your household in the year 2024.	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 and retirement benefits _____		
b. Veteran's Disability Payments _____		
c. Capital gains _____		
d. Other pensions & annuities _____		
e. Workmen's compensation and employment payments _____		
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) _____ (Check with your county assessor for qualifying income)		

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 requested herein has been fully and correctly given to the best of my knowledge. (68 O.S. Section 2945 provides penalties for false oaths)

Sign here _____
CLAIMANT
SPOUSE
DATE