

Seller/Current Registered Owner: _____
 (Last Name) (First) (M.I.)

Mailing Address { Before Sale _____

 After Sale _____

Vehicle Serial No. (VIN): _____ Decal No. _____

1. Is this a transfer between husband & wife? _____
 If yes, you will receive a form from the Assessor's Office requesting additional information.
2. Is this a transfer between parent & child? _____
 If yes, please submit LES (Leave & Earning Statement) & SSCRA (Soldier's and Sailor's Civil Relief Act Declaration). SSCRA will be provided upon request.
3. Is this a transfer to active military personnel? _____
 If yes, please submit LES (Leave & Earning Statement) & SSCRA (Soldier's and Sailor's Civil Relief Act Declaration). SSCRA will be provided upon request.
4. Is this a transfer to a registered Indian? _____
 If yes, please obtain a statement from the Indian tribal chief.

Date of Sale or Date Escrow Closes: _____
 Escrow No. _____
 Escrow Officer: _____
 Assessor's Parcel No. _____
 Total Sale Price or Est. Market Value: \$ _____
 Date First sold (DFS): _____
 Applicant's Name: _____
 Address: _____

 Phone No.: _____
 Certificate to be mailed to: (If different from above) _____

Note: When submitting this application form, attach a copy of any or all of the following, as applicable: **Title or latest registration or title search**

Buyer/Transferee or Repossessor (See Note Below): _____
 (Last Name) (First) (M.I.)

Mailing Address { Before Sale _____

 After Sale _____

Mobile Home Location Before This Sale: _____ Space No: _____

Location After This Sale: _____ Space No: _____

NAME OF MOBILE HOME PARK: _____

FOR TAX COLLECTOR'S USE ONLY	
Delinquent HCD Fees:	\$ _____
_____ Property Tax Bill	\$ _____
_____ Property Tax Bill	\$ _____
_____ Property Tax Bill	\$ _____
_____ Property Tax Bill	\$ _____
TOTAL AMOUNT DUE:	\$ _____
Approved by: _____	
Tax Clearance Certificate: Conditional _____ Regular _____	
Mailed by: Certified: _____ Regular _____ Date: _____	
Reissued: Conditional: _____ Regular _____ Date: _____	
Money deposited to trust C20 _____ Date: _____	
Certificate picked up by: _____ Date: _____	

WHEN COMPLETED, MAIL THIS APPLICATION FORM TO:
 Dan McAllister, Treasurer-Tax Collector
 County Administration Center, Room 162
 1600 Pacific Highway
 San Diego, CA 92101-2474
 Telephone: (619) 557-4002 or (858) 505-6071

MOBILEHOME TAX CLEARANCE REQUEST FORM

MOBILEHOME TAX CLEARANCE REQUEST FORM (INSTRUCTIONS)

Please type or print legibly with a black or blue pen.

FIELD #	FIELD NAME	INSTRUCTIONS
1	SELLER/CURRENT REGISTERED OWNER	Last name, first name, and middle initial (if applicable) of the owner currently registered with the Department of Housing & Community Development
2	MAILING ADDRESS BEFORE SALE	The seller's current address
3	MAILING ADDRESS AFTER SALE	The seller's future address after the sale, if known.
4	VEHICLE SERIAL NO. (VIN)	The vehicle number of the Mobile Home (can be found on the title).
5	DECAL NO.	The decal number of the Mobile Home (can be found on the title).
6		} Answer yes or no
7		
8		
9		
10	DATE OF SALE OR DATE ESCROW CLOSES	The date when the sales transaction is complete for individual applicants or the date escrow closes.
11	ESCROW NO.	The number assigned to this escrow transaction if the transaction involves an escrow company.
12	ESCROW OFFICER	The name of the escrow representative assigned to the transaction.
13	ASSESSOR'S PARCEL NO.	The bill number assigned to the property by the County Assessor, if known, otherwise leave it blank.
14	TOTAL SALE PRICE OR EST. MARKET VALUE	The total listing price or the estimated market value of the Mobile Home.
15	DATE FIRST SOLD (DFS)	The date the Mobile Home was sold the first time, if known.
16	APPLICANT'S NAME	The name of the person applying for the Tax Clearance Certificate.
17	ADDRESS	The mailing address of the person applying for the Tax Clearance Certificate.
18	PHONE NO.	The phone number of the person applying for the Tax Clearance Certificate.
19	CERTIFICATE TO BE MAILED TO	The mailing address, if different from the address above.
20	BUYER/TRANSFeree OR REPOSSESSOR	Last name, first name, and middle initial (if applicable) of the buyer, or the name as it will appear on title.
21	MAILING ADDRESS BEFORE SALE	The current mailing address of the buyer/transferee/repossessor.
22	MAILING ADDRESS AFTER SALE	The mailing address of the buyer/transferee/repossessor after the sale has been completed
23	MOBILE HOME LOCATION BEFORE THIS SALE	The current location of the Mobile Home.
24	SPACE NO.	The space number of the Mobile Home at its current location.
25	LOCATION AFTER THIS SALE	The address of the Mobile Home after the sale has been completed if it will be moved from its current location.
26	SPACE NO.	The space number of the Mobile Home after the sale has been completed.
27	NAME OF MOBILE HOME PARK	The name of the Mobile Home Park where the Mobile Home will be situated after the sale is completed.

Do not fill out any information in the box entitled "FOR TAX COLLECTOR'S USE ONLY"

When submitting this application form, attach a copy of any or all of the following, as applicable: *Title or latest registration or title search.*

Please mail the completed application with a copy of the title to:

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 County Administration Center, Room 162
 1600 Pacific Highway
 San Diego, CA 92101-2474
 Telephone: (619) 557-4002 or (858) 505-6071