



TREASURER-TAX COLLECTOR SAN DIEGO COUNTY

sdttc.com

Dan McAllister
Treasurer-Tax Collector



MANUFACTURED HOME TAX CLEARANCE REQUEST FORM

SELLER / CURRENT OWNER'S NAME			NEW OWNER		
Last Name	First Name	MI	Last Name	First Name	MI
Last Name	First Name	MI	Last Name	First Name	MI
Last Name	First Name	MI	Last Name	First Name	MI
Last Name	First Name	MI	Last Name	First Name	MI
Seller's Current Mailing Address:		Street: _____ City: _____ State: _____ Zip: _____	Buyer's Current Mailing Address:		Street: _____ City: _____ State: _____ Zip: _____
Seller's Mailing Address After Sale/ Change of Title:		Street: _____ City: _____ State: _____ Zip: _____	Buyer's Mailing Address After Sale/ Change of Title:		Street: _____ City: _____ State: _____ Zip: _____

EXEMPTIONS	
1. Is this a transfer between husband and wife?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is this a transfer between parent and child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, you are required to submit the Parent-Child Exclusion form.</i>
3. Is this a transfer to active military personnel?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please submit LES (Leave & Earning Statement) & SSCRA (Servicemembers Civil Relief Act Declaration). SSCRA will be provided only upon request.</i>
4. Is this a transfer to a registered Native American?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please obtain a statement from the Native American chief.</i>
5. Is this a transfer from your name to your trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No

MANUFACTURED HOME DETAILS	
Select One: <input type="checkbox"/> Single Wide <input type="checkbox"/> Double Wide <input type="checkbox"/> Triple Wide	
Decal #:	Mobile Home Location Before This Sale:
Vehicle Serial No. (VIN):	
Vehicle Serial No. (VIN):	Mobile Home Location After This Sale:
Vehicle Serial No. (VIN):	
Assessor's Parcel No.:	Name of Mobile Home Park:
Date First Sold (DFS):	
Sale Price or Est. Market Value:	\$

REQUESTOR'S CONTACT INFORMATION		ESCROW INFORMATION	
Name:		Escrow No.	Date Escrow Closes:
Address:	Street: _____ City: _____ State: _____ Zip: _____	Escrow Officer:	
Phone No.:		Escrow Company Name:	
Certificiate to be mailed to: (if other than above)	Street: _____ City: _____ State: _____ Zip: _____	Escrow Company Address:	Street: _____ City: _____ State: _____ Zip: _____

WHEN COMPLETED, MAIL THIS APPLICATION FORM TO:

San Diego County Treasurer-Tax Collector
ATTN: Special Functions Division, MHTCC
1600 Pacific Highway, Room 162
San Diego, CA 92101-2474
Telephone: (619) 557-4002

Before sending, attach: Registration or HCD Title Report

Please [SAVE](#) this PDF and email as an attachment to:
MHTaxClearance.FGGTTC@sdcounty.ca.gov