



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				
<hr/>			<hr/>				
Last Name		First Name	MI	Last Name		First Name	MI
<hr/>		<hr/>	<hr/>	Last Name		First Name	MI
<hr/>		<hr/>	<hr/>	<hr/>		<hr/>	<hr/>
Seller's Current Mailing Address:		Street: _____		Buyer's Current Mailing Address:		Street: _____	
City: _____ State: _____ Zip: _____				City: _____ State: _____ Zip: _____			
Seller's Mailing Address After Sale/ Change of Title:		Street: _____		Buyer's Mailing Address After Sale/ Change of Title:		Street: _____	
City: _____ State: _____ Zip: _____				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:	
Certificate to be mailed to: (if other than above)	Street: _____ City: _____ State: _____ Zip: _____	Escrow Company Address:	Street: _____ City: _____ State: _____ Zip: _____

FOR TAX COLLECTOR'S USE ONLY	
Fiscal Year	Amount Due:
Property Tax Bill No.	\$
Property Tax Bill No.	\$
Property Tax Bill No.	\$
Property Tax Bill No.	\$
TOTAL AMOUNT DUE: \$	
Type:	<input type="checkbox"/> Conditional <input type="checkbox"/> Regular
Reissued:	<input type="checkbox"/> Conditional <input type="checkbox"/> Regular
Certificate picked up by:	
Date picked up:	
Approved by:	

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 Title report

Please **SAVE** this PDF and email as an attachment to: MHTaxClearance.FGGTTC@sdcounty.ca.gov