

TAX DEPARTMENT
RANDOLPH COUNTY OFFICE BUILDING
725 MCDOWELL RD, ASHEBORO, NC 27205-7370
E-Mail Address: dphill@co.randolph.nc.us
Visit us: www.co.randolph.nc.us

MANUFACTURED HOME TAX CERTIFICATION APPLICATION

Homeowner name: _____
Homeowner mailing address: _____
Address of manufactured home: _____
Parcel ID: _____
Land owner's name if different than homeowner: _____
Is the home located in a Mobile Home Park? ____ Yes ____ No
If **YES**, list the name of the mobile home park: _____
Listing for Tax year(s): _____ Purchase date: _____ Cost: _____
Year: ____ Make: _____ Model: _____ Size: _____ VIN# _____
Please answer the following questions:

PART I

- a. Home purchased from a dealer? Yes ____ No _____
- b. Home purchased from a Financial Institution as: Repo ____ Used home ____
- c. Home purchased from individual? Yes ____ No ____ If **YES**, give name and address of prior owner: _____

PART II

If home purchased from individual or financial institution, please answer the following:

- a. List the location of the home at time of purchase if different from address above. _____
- b. All taxes current year and prior years paid? Yes ____ No ____ If **NO**, all **prior years taxes must be paid before certification will be issued.**
Years owed _____ **Amount owed** _____ **Acct #** _____
- c. Has the title been updated with DMV? Yes ____ No _____

This form must be completed, signed, dated and returned to the Randolph County Tax Department. The homeowner must sign the form before it will be accepted and processed by the Randolph County Tax Department. Information not completed or any discrepancies in the information provided will delay the processing time for completing the Manufactured Home Certification form. **If you are relocating the home to Randolph County from another county you must provide the Randolph County Tax office with a Mobile Home Moving permit from that county.**

Affirmation of homeowner: GS 105-310.-311. Under penalties prescribed by law, I hereby affirm that to the best of my knowledge and belief this listing, including any accompanying statements, is true and complete. **Social Security Number:** The disclosure of this number is voluntary. This is needed to establish the identification of individuals. The authority to require this number for the Administration of a tax is given by United States Code Title 42, Section 405©(2)©(i) and N.C.G.S. 105-309/

Taxpayer Signature _____ Date _____

Employer: _____ Phone: Work: _____

Home: _____ Social Security No. _____