

MOBILE HOME STATEMENT OF MONTHLY PARKING PERMIT FEE

INSTRUCTIONS

MOBILE HOME PARK OPERATOR (or owner of land if mobile home subject to fee is located outside of park): Complete Section A with mobile home owner. Submit in duplicate to your local Assessor within 5 days of the arrival of each mobile home.

ASSESSOR: Complete Section B. Determine the fair market value of the mobile home. (Use PA-117, Mobile Home Valuation Worksheet). NOTE: Exempt furnishings must be subtracted from the fair market value if included in that figure. Submit form to local Clerk for computation of parking permit fee.

CLERK: Complete Section C.

TO BE COMPLETED BY PARK OPERATOR AND MOBILE HOME OWNER	SECTION A							
	TAXATION DISTRICT	SCHOOL DISTRICT	COUNTY	NAME OF MOBILE HOME OWNER				
	NAME OF PARK			ADDRESS OF MOBILE HOME				
	PARK ADDRESS		ARRIVAL DATE	OWNER PERMANENT ADDRESS				
	MOBILE HOME DESCRIPTION							
	MANUFACTURER'S NAME		MODEL OR POPULAR NAME			SERIAL NUMBER		
	YR OF MANUFACTURE	PURCHASE YEAR	PURCHASE PRICE	PURCHASED AS <input type="checkbox"/> NEW <input type="checkbox"/> USED		WHERE PURCHASED		
	DO YOU HAVE <input type="checkbox"/> BILL OF SALE <input type="checkbox"/> TITLE		LICENSE NO. (IF APPLICABLE)	WIDTH FT.	LENGTH FT.	WEIGHT	COLOR	NO. OF AXLES
	NO. OF ROOMS BATHS _____ BDRMS _____ TOTAL ROOMS _____		DOES MOBILE HOME HAVE <input type="checkbox"/> SKIRTING <input type="checkbox"/> FIREPLACE <input type="checkbox"/> PORCH _____ SF <input type="checkbox"/> AIR CONDITIONING <input type="checkbox"/> WASHER <input type="checkbox"/> PATIO _____ SF <input type="checkbox"/> DISHWASHER <input type="checkbox"/> DRYER <input type="checkbox"/> CARPORT _____ SF					
	PLEASE SIGN HERE		SIGNATURE OF MOBILE HOME OWNER				DATE	

ASSESSOR	SECTION B - VALUATION	
	1. Total Fair Market Value \$ _____	DATE VIEWED OR INSPECTED
	2. Exempt Furnishings - \$ _____	SIGNATURE OF ASSESSOR
3. NET FAIR MARKET VALUE \$ _____ (Subtract line 2 from line 1)		

CLERK	SECTION C - COMPUTATION OF PARKING PERMIT FEE	
	4. Net Fair Market Value (from line 3 above) \$ _____	The first monthly fee covers the month of _____
	5. % Level of Local Assessment X _____ (established for preceding Jan. 1 assessment)	
	6. Value for Fee Computation (multiply line 4 by line 5) \$ _____	(Enter month)
	7. Net Tax Rate (after state tax credit) (established for preceding January 1 assessment) X _____	and is due on or before the 10th day of _____
	8. Annual Fee (multiply line 6 by line 7) \$ _____	(Enter the following month)
	9. Gross Monthly Fee (divide line 8 by 12 months) \$ _____	The monthly fee is due on or before the 10th day of each month thereafter.
	10. Lottery Credit (if applicable) - \$ _____	
	11. Net Monthly Fee (subtract line 10 from line 9) \$ _____	