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STATEMENT OF STATUS FOR MANUFACTURED HOME

Permit Number _____

Decal Number _____

Fee Parcel _____

Serial Number _____

Asmt. Number _____
(If previously assessed)

Serial Number _____

Manufactured Home Owner's Name: _____

Landowner's Name (if different from above): _____

Location Address of Manufactured Home: _____

Mailing Address of Owner (If different from above): _____

Health and Safety Code, Division 13, Section 18551 provides that a manufactured home may be installed on an approved foundation system and be classified as real property or be classified as personal property subject to registration with the Department of Housing and Community Development (HCD).

Please Check One

I intend to place this Manufactured Home on an approved permanent foundation and adhere to the regulations which will classify this Manufactured Home as Real Property.
(This requires HCD form 433A to be recorded and 433B to be submitted to the Assessor upon completion of installation. The Manufactured Home will be assessed with the real property)

I intend to place this Manufactured Home on this parcel as Personal Property.
(This requires the title to be issued by the Department of Housing and Community Development. The Manufactured Home will be assessed to the HCD registered owner separately.)

Signature: _____ Date: _____

Phone Number(s): _____