

MANUFACTURED & MOBILE HOME STATEMENT OF MONTHLY MUNICIPAL PERMIT FEE

INSTRUCTIONS

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

ASSESSOR: Complete Section B. Determine the fair market value of the manufactured or mobile home. (Use PA-117, Manufactured & 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 municipal permit fee.

CLERK: Complete Section C.

TO BE COMPLETED BY COMMUNITY OPERATOR AND MANUFACTURED OR MOBILE HOME OWNER	SECTION A							
	TAXATION DISTRICT	SCHOOL DISTRICT	COUNTY	NAME OF MANUFACTURED OR MOBILE HOME OWNER				
	NAME OF COMMUNITY				ADDRESS OF MANUFACTURED OR MOBILE HOME			
	COMMUNITY ADDRESS			ARRIVAL DATE	OWNER PERMANENT ADDRESS			
	MANUFACTURED OR 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 THE UNIT 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 UNIT 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 MUNICIPAL PERMIT FEE							
	4. Net Fair Market Value (from line 3 above) \$ _____					The first monthly fee covers the month of _____ (Enter month)		
	5. % Level of Local Assessment X _____ (established for preceding Jan. 1 assessment)							
	6. Value for Fee Computation (multiply line 4 by line 5) \$ _____					and is due on or before the 10th day of _____ (Enter the following month)		
	7. Net Tax Rate (after state tax credit) (established for preceding January 1 assessment) X _____							
	8. Annual Fee (multiply line 6 by line 7) \$ _____					The monthly fee is due on or before the 10th day of each month thereafter.		
	9. Gross Monthly Fee (divide line 8 by 12 months) \$ _____							
	10. Lottery Credit (if applicable) – \$ _____							
	11. Net Monthly Fee (subtract line 10 from line 9) \$ _____							