

# 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.

<b>TO BE COMPLETED BY COMMUNITY OPERATOR AND MANUFACTURED OR MOBILE HOME OWNER</b>	<b>SECTION A</b>								
	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				
	<b>MANUFACTURED OR MOBILE HOME DESCRIPTION</b>								
	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 _____		DOES THE UNIT HAVE						
	TOTAL ROOMS _____		<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			
<b>PLEASE SIGN HERE</b>		SIGNATURE OF UNIT OWNER					DATE		
<b>ASSESSOR</b>	<b>SECTION B - VALUATION</b>								
	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)									
<b>CLERK</b>	<b>SECTION C - COMPUTATION OF MUNICIPAL PERMIT FEE</b>								
	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 January 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) . . . . . \$ _____								