



# Manufactured Home Ownership Application

Department of Consumer and Business Services • Building Codes Division

Mailing address: P.O. Box 14470, Salem, OR 97309-0404

1535 Edgewater St. NW, Salem, OR 97304

Phone: 503-378-4530 • Email: mhods.bcd@dcbs.oregon.gov

Web: mhods.oregon.gov

# Form 2952

## INSTRUCTIONS

This application is used to provide information required by the division to update ownership information for new and used manufactured homes. To avoid delays, applications should be submitted as soon as practical. Please keep your originals and submit copies of any forms or documents you submit.

The list below includes common transaction types and forms you will need. For other transactions, visit our website.

- ☐ **REQUIRED:** with all applications, a County Tax Certification for the home (obtained from the county tax assessor). **County Tax Certifications have expiration dates; expired certifications will not be accepted.**
- ☐ Home transfer by inheritance (with probate) – include Form 5177
  - ☐ Home transfer by inheritance (without probate) – include Form 2946
  - ☐ Home transfer due to death of co-owner with right of survivorship – include Form 5221
  - ☐ If signing with power of attorney – include Form 5221
  - ☐ If signing on behalf of a trust – include Form 5221
  - ☐ Home changing from real property to personal property – include Form 5175
  - ☐ Home changing from personal property to real property – include Form 5176
  - ☐ Home transfer due to divorce – include Form 5221
  - ☐ Home transfer due to abandonment – include Form 2951
  - ☐ Home transfer due to foreclosure – include Form 3926

## FILING OPTIONS

Completed applications may be submitted using the methods listed below. **For your security, our office is unable to accept applications via email.**

1. **File with a county assessor**  
County assessors may act as an agent for the division.  
Contact your county assessor for details.
2. **Online**  
<http://mhods.oregon.gov>  
*Note: hardcopies of forms and county tax certification must also be uploaded*
3. **Secure fax**  
503-947-2333
4. **Mail your application**  
Building Codes Division  
Attn: MHODS Program  
PO Box 14470, Salem, OR 97309
5. **FedEx, UPS, or in person**  
Main Office:  
1535 Edgewater St. NW, Salem, OR 97304  
Pendleton:  
800 SE Emigrant Ave. Suite 360, Pendleton, OR 97801

## FEES

|   |                      |    |
|---|----------------------|----|
| Ownership document change:                | \$55.00 (70511/1202) | \$ |
| Trip permit (per section if moving only): | \$5.00 (70511/1195)  | \$ |
| Total:                                    |                      | \$ |

**If paying by credit card, applicant must sign credit card information box.**

|  |                                     |                                   |                 |
|--|-------------------------------------|-----------------------------------|-----------------|
| <input type="checkbox"/> Visa              | <input type="checkbox"/> MasterCard | <input type="checkbox"/> Discover | Phone:          |
|  |                                     |                                   | \$              |
| Cardholder signature                       |                                     |                                   | Amount          |
| Name of cardholder as shown on credit card |                                     |                                   | /               |
| Credit card number                         |                                     |                                   | Expiration date |

**Make check or money order payable to Department of Consumer and Business Services. Do not mail cash.**

**FISCAL USE ONLY:**

| SECTION 1  |   | NATURE OF FILING (check all that apply)   |  |   |  |
|--|---|---|--|---|--|
| <input type="checkbox"/> New home to MHODS   | <input type="checkbox"/> Adding or removing a co-owner      | <input type="checkbox"/> Demolition (Date: _____)   |  |   |  |
| <input type="checkbox"/> Used home sale  | <input type="checkbox"/> Recording as real property         | <input type="checkbox"/> Converted to storage   |  |   |  |
| <input type="checkbox"/> Security interest change  | <input type="checkbox"/> Removing from real property status | <input type="checkbox"/> Trip Permit  |  |   |  |
| <input type="checkbox"/> Transfer by inheritance   | <input type="checkbox"/> Other (please note):               |   |  |   |  |
| SECTION 2  |   | APPLICANT INFORMATION (please print)  |  |   |  |
| <input type="checkbox"/> Dealer/Seller <input type="checkbox"/> Lender <input type="checkbox"/> Escrow/Title Agent <input type="checkbox"/> Owner/Buyer <input type="checkbox"/> Legal Representative  |   |   |  |   |  |
| Name:<br>(first, middle, last)   |   |   |  | Phone:  |  |
| Address:   |   |   |  |   |  |
| City:  |   |   | State:   |   | ZIP:   |
| Email:   |   |   |  |   |  |
| SECTION 3  |   | HOME INFORMATION (information in bold is required)  |  |   |  |
| Home ID #:   |   | <b>OR</b> No Home ID: <input type="checkbox"/> New Home <input type="checkbox"/> Out of state home <input type="checkbox"/> Leaving County Deed Records |  |   |  |
| Manufacturer:  |   |   |  |   |  |
| Model:   |   |   |  | Year:   |  |
| Serial Number(s)   |   |   | HUD Label Number(s) <b>*Required if new home</b> |   |  |
|  |   |   |  |   |  |
|  |   |   |  |   |  |
|  |   |   |  |   |  |
| <b># of Sections:</b>  |   | <b>Sq. footage:</b>   |  | <b>Bedrooms:</b>  |  |
| <b>Roofing type:</b>   |   | <b>Siding type:</b>   |  | <b>Heating type:</b>  |  |
| <b>Date of sale:</b><br>(if applicable)  |   | <b>Sale price:</b>  |  | Includes land:  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| SECTION 4  |   | DEALER INFORMATION (leave blank if no dealer)   |  |   |  |
| Name:<br>(first, middle, last)   |   |   |  | License #:  |  |
| Address:   |   |   |  |   |  |
| City:  |   |   | State:   |   | ZIP:   |
| Email:   |   |   |  | Phone:  |  |
| I hereby declare this manufactured structure is free and clear of all mortgages, deeds of trust, security interests, and liens. I have the legal right to sell this manufactured structure or my interest in it. The information listed is true to the best of my knowledge and belief, and I understand it can be used as evidence in court and is subject to a penalty of perjury. |   |   |  |   |  |
| Signature:   |   |   |  | Date:   |  |
| SECTION 5  |   | HOME LOCATION   |  |   |  |
| <b>Current Address:</b>  |   |   |  |   |  |
| City:  |   | County:   |  | State:  | Zip:   |
| Park Name: (if applicable)   |   |   |  | <input type="checkbox"/> This is a dealer lot or storage facility |  |
| <input type="checkbox"/> This home is being moved to a new location <b>Complete the section below</b>  |   |   |  |   |  |
| <b>New Address:</b>  |   |   |  |   |  |
| City:  |   | County:   |  | State:  | Zip:   |
| Park Name: (if applicable)   |   |   |  | <input type="checkbox"/> This is a dealer lot or storage facility |  |
| <b>Transporter Name:</b>   |   |   |  | Phone:  |  |
| Address:   |   | City:   |  | State:  |  |
| Email:   |   |   |  |   |  |

| <b>SECTION 6</b>   |  |  |  | <b>NEW OWNER ACKNOWLEDGEMENT</b> (One name per box) |        |        |      |
|--|--|--|--|---|--------|--------|------|
| <b>NEW OWNER 1</b>   | <input type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Trust <input type="checkbox"/> Guardian |  |  |   |        |        |      |
|  | Legal Name:<br><i>(last, first, middle)</i>  |  |  |   |        | Phone: |      |
|  | Mailing Address:   |  |  |   |        |        |      |
|  | City:  |  |  |   | State: |        | ZIP: |
|  | Email:   |  |  |   |        |        |      |
|  | Right of Survivorship: <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |   |        |        |      |
|  | Signature:   |  |  |   |        | Date:  |      |
| <b>NEW OWNER 2</b>   | <input type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Trust <input type="checkbox"/> Guardian |  |  |   |        |        |      |
|  | Legal Name:<br><i>(last, first, middle)</i>  |  |  |   |        | Phone: |      |
|  | Mailing Address:   |  |  |   |        |        |      |
|  | City:  |  |  |   | State: |        | ZIP: |
|  | Email:   |  |  |   |        |        |      |
|  | Right of Survivorship: <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |   |        |        |      |
|  | Signature:   |  |  |   |        | Date:  |      |
| <b>NEW OWNER 3</b>   | <input type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Trust <input type="checkbox"/> Guardian |  |  |   |        |        |      |
|  | Legal Name:<br><i>(last, first, middle)</i>  |  |  |   |        | Phone: |      |
|  | Mailing Address:   |  |  |   |        |        |      |
|  | City:  |  |  |   | State: |        | ZIP: |
|  | Email:   |  |  |   |        |        |      |
|  | Right of Survivorship: <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |   |        |        |      |
|  | Signature:   |  |  |   |        | Date:  |      |
| <b>NEW OWNER 4</b>   | <input type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Trust <input type="checkbox"/> Guardian |  |  |   |        |        |      |
|  | Legal Name:<br><i>(last, first, middle)</i>  |  |  |   |        | Phone: |      |
|  | Mailing Address:   |  |  |   |        |        |      |
|  | City:  |  |  |   | State: |        | ZIP: |
|  | Email:   |  |  |   |        |        |      |
|  | Right of Survivorship: <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |   |        |        |      |
|  | Signature:   |  |  |   |        | Date:  |      |
| <b>NEW OWNER ACKNOWLEDGEMENT OF SALE/CHANGE OF OWNERSHIP</b><br><br><p>I affirm that the information provided herein accurately reflects the ownership of the structure at the completion of the sale or change of ownership. I understand that the home cannot be relocated without first completing this application and purchasing a trip permit from the Building Codes Division or through one of its county agents.</p> <p>I understand that the seller/owner is responsible for submitting this application within 30 days after the close of the sale, and that all buyers and sellers will be notified by mail when the application is approved. If the application has not been submitted after 30 days, I may complete the filing under <b>ORS 446.64(1)</b>.</p> <p>I understand that each lessor, mortgagee, trust-deed beneficiary, lien holder of record, and security interest holder must be listed on this notice. If none are listed, the structure must be free and clear of all mortgages, deeds of trust, security interests, and liens.</p> |  |  |  |   |        |        |      |

| SECTION 7 NEW SECURITY INTEREST HOLDERS   |   |        |        |
|---|---|--------|--------|
| SECURITY HOLDER 1   | Security interest holder name:  |        | Phone: |
|   | Mailing Address:  |        |        |
|   | City:   | State: | ZIP:   |
|   | Email:  |        |        |
| SECURITY HOLDER 2   | Security interest holder name:  |        | Phone: |
|   | Mailing Address:  |        |        |
|   | City:   | State: | ZIP:   |
|   | Email:  |        |        |
| SECTION 8 CURRENT OWNER ACKNOWLEDGEMENT   |   |        |        |
| All current owners (including security interest holders) must acknowledge the sale or change of ownership by signing the ownership document, signing the DMV title, <b>OR</b> completing the section below. Applications missing signatures will be rejected.   |   |        |        |
| CURRENT OWNER 1   | Legal Name:<br>(last, first, middle)  |        | Phone: |
|   | Email:  |        |        |
|   | <input type="checkbox"/> I release my interest in this structure <input type="checkbox"/> I acknowledge this sale/change of ownership, but do not release my interest in this structure |        |        |
|   | Signature:  |        | Date:  |
| CURRENT OWNER 2   | Name:<br>(last, first, middle)  |        | Phone: |
|   | Email:  |        |        |
|   | <input type="checkbox"/> I release my interest in this structure <input type="checkbox"/> I acknowledge this sale/change of ownership, but do not release my interest in this structure |        |        |
|   | Signature:  |        | Date:  |
| CURRENT OWNER 3   | Name:<br>(last, first, middle)  |        | Phone: |
|   | Email:  |        |        |
|   | <input type="checkbox"/> I release my interest in this structure <input type="checkbox"/> I acknowledge this sale/change of ownership, but do not release my interest in this structure |        |        |
|   | Signature:  |        | Date:  |
| CURRENT OWNER 4   | Name:<br>(last, first, middle)  |        | Phone: |
|   | Email:  |        |        |
|   | <input type="checkbox"/> I release my interest in this structure <input type="checkbox"/> I acknowledge this sale/change of ownership, but do not release my interest in this structure |        |        |
|   | Signature:  |        | Date:  |
| <b>CURRENT OWNER ACKNOWLEDGEMENT OF SALE/CHANGE OF OWNERSHIP</b><br>I affirm that I am a current owner of this structure, and that I am responsible for submitting notice of sale or change of ownership to Building Codes Division or one of its county agents <i>within 30 days of the closing of the sale per ORS 446.641(1)</i> .<br><br>I further certify that I have the legal right to sell this structure, and that each lessor, mortgagee, trust-deed beneficiary, lien holder of record, and security interest holder has been listed on this notice. If none are listed, this structure is free and clear of all mortgages, deeds of trust, security interests, and liens. |   |        |        |
| SECURITY HOLDER   | Security interest holder name:  |        | Phone: |
|   | Email:  |        |        |
|   | <input type="checkbox"/> I release my interest in this structure <input type="checkbox"/> I acknowledge this sale/change of ownership, but do not release my interest in this structure |        |        |
|   | Signature:  |        | Date:  |