

**TAX DEPARTMENT**  
**RANDOLPH COUNTY OFFICE BUILDING**  
**725 MCDOWELL RD, ASHEBORO, NC 27205-7370**

E-Mail Address: [Debra.Hill@randolphcountync.gov](mailto:Debra.Hill@randolphcountync.gov)

Visit us: [www.randolphcountync.gov](http://www.randolphcountync.gov)

**MANUFACTURED HOME TAX CERTIFICATION APPLICATION**

Homeowner name: \_\_\_\_\_

Homeowner mailing address: \_\_\_\_\_

Address of where manufactured home is to be located: \_\_\_\_\_

Parcel ID: \_\_\_\_\_

Land owner's name if different than homeowner: \_\_\_\_\_

Is the home located in a Mobile Home Park?  Yes  No

If **YES**, list the name of the mobile home park: \_\_\_\_\_

Listing for Tax year(s): \_\_\_\_\_ Purchase date: \_\_\_\_\_ Cost: \_\_\_\_\_

Year:  Make: \_\_\_\_\_ Model: \_\_\_\_\_ Size: \_\_\_\_\_ VIN# \_\_\_\_\_

Please answer the following questions:

**PART I**

- a. Home purchased from a dealer? Yes  No
- b. Home purchased from a Financial Institution as: Repo  Used home
- c. Home purchased from individual? Yes  No  If **YES**, give name and address of prior owner: \_\_\_\_\_

**PART II**

If home purchased from individual or financial institution, please answer the following:

- a. List the location of the home at time of purchase if different from address above. \_\_\_\_\_
- b. All taxes current year and prior years paid? Yes  No  If **NO**, all **prior years taxes must be paid before certification will be issued.**  
**Years owed** \_\_\_\_\_ **Amount owed** \_\_\_\_\_ **Acct #** \_\_\_\_\_
- c. Has the title been updated with DMV? Yes  No

-----  
This form must be completed, signed, dated and returned to the Randolph County Tax Department. The homeowner must sign the form before it will be accepted and processed by the Randolph County Tax Department. Information not completed or any discrepancies in the information provided will delay the processing time for completing the Manufactured Home Certification form. **If you are relocating the home to Randolph County from another county you must provide the Randolph County Tax office with a Mobile Home Moving permit from that county.**

**Affirmation of homeowner:** GS 105-310.-311. Under penalties prescribed by law, I hereby affirm that to the best of my knowledge and belief this listing, including any accompanying statements, is true and complete. **Social Security Number:** The disclosure of this number is voluntary. This is needed to establish the identification of individuals. The authority to require this number for the Administration of a tax is given by United States Code Title 42, Section 405©(2)©(i) and N.C.G.S. 105-309/

Taxpayer Signature \_\_\_\_\_ Date \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: Work: \_\_\_\_\_

Home: \_\_\_\_\_ Social Security No. \_\_\_\_\_