



MONTEREY COUNTY TAX COLLECTOR

MARY A. ZEEB, TREASURER - TAX COLLECTOR

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**TITLE CO QUICK
REFERENCE GUIDE**

MANUFACTURED HOME TAX CLEARANCE APPLICATION FORM

(Please print or type- complete sections one through three. If information is not applicable, please indicate by marking N/A in the space provided)

SECTION ONE: CONTACT PERSON OR AGENT INFORMATION

PERSON OR AGENT'S NAME REQUESTING TAX CLEARANCE	Agent's Name	TELEPHONE NUMBER	Agent's #
(IF YOU WISH THIS TO BE EMAILED BACK TO YOU PLEASE PROVIDE EMAIL ADDRESS) EMAIL ADDRESS		Agent's E-mail Address	
ADDRESS TO MAIL TAX CLEARANCE:	Escrow Office Address		
ESCROW NUMBER:	Escrow Number	TITLE COMPANY NAME:	Title Company

SECTION TWO: INFORMATION ABOUT THE MANUFACTURED HOME

ASSESSOR'S PARCEL NUMBER	See Tax Bill or Assessor's Office	DECAL OR LICENSE NUMBER	See Title or HCD
SERIAL NUMBER(S)	See Title or Contact HCD		
MAKE / MODEL / YEAR OF MOBILE HOME	See Title or Contact HCD	CONDITION (Good, Fair or Poor)	Self Rate
SIZE: LENGTH (In feet)	WIDTH (In feet)	NUMBER OF UNITS:	Single=1
LIST ACCESSORIES INCLUDED (AWNINGS, PATIOS, STORAGE SHEDS, ETC - INCLUDE DIMENSIONS:			Double=2
			Triple=3
CURRENT LOCATION:	Answer: Where is the home today?	HOW LONG AT THIS LOCATION?	# of years
IF TO BE MOVED, GIVE FUTURE LOCATION:	Future Address	DATE TO BE MOVED:	xx-xx-xxxx

SECTION THREE: OWNERSHIP AND SALE INFORMATION

SELLER(S) NAME AND ADDRESS - (REGISTERED OWNER(S) ON TAX ROLL:	Seller's Name and Address		
BUYER(S) NAME AND MAILING ADDRESS (ADDRESS TO MAIL TAX BILL)	Buyer's Name and Address		
IF MORE THAN ONE OWNER, PLEASE COMPLETE INFORMATION ON HOW TITLE WILL BE HELD (See H.C.D. FORM 483.1 known as "DESIGNATION OF CO-OWNER TERM") - CHECK ONE BOX: <input type="checkbox"/> JTRS <input type="checkbox"/> TENCOM AND <input type="checkbox"/> TENCOM OR <input type="checkbox"/> COMM PROP			
SALES PRICE \$:	Price Paid	DATE OF SALE:	xx-xx-xxxx NEW OWNER TELEPHONE: _____

SECTION FOUR: (THIS SECTION TO BE COMPLETED BY TAX COLLECTOR)

AMOUNTS DUE PRIOR TO ISSUANCE OF TAX CLEARANCE CERTIFICATE

TAX ASSESSMENT NUMBER(S)	_____	FISCAL YEAR:	_____	AMOUNT DUE \$:	_____
RETURN PAYMENT WITH:		FISCAL YEAR:	_____	AMOUNT DUE \$:	_____
COMPLETED APPLICATION		FISCAL YEAR:	_____	AMOUNT DUE \$:	_____
ESTIMATED PAYMENT		FISCAL YEAR:	_____	AMOUNT DUE \$:	_____
If Deceased copy of D.C. & Letter		FISCAL YEAR:	_____	AMOUNT DUE \$:	_____
Reissue Tax Clearance Fee	ESTIMATED TAXES DUE -	FISCAL YEAR:	_____	AMOUNT DUE \$:	_____
*TOTAL DUE - TO OBTAIN TAX CLEARANCE \$					
BY:	_____	*TOTAL AMOUNT DUE MUST BE PAID BY DATE: IF NOT SO PAID, CONTACT TAX COLLECTOR FOR NEW AMOUNT.			
	Deputy Tax Collector				

(MHCLEAR REVISED 9/2017)