

**APPLICATION TO PARTICIPATE IN () COUNTY'S
ABANDONED MANUFACTURED HOME REMOVAL PROGRAM**

INSTRUCTIONS: Clearly print or type all sections below. Mail or deliver the completed form to:

(Insert the name of the appropriate person responsible for the county AMH Program with address and telephone numbers)

A. Owner Information

Name_____

Mailing Address_____

Phone_____

E-Mail_____

B. Abandoned Home Information

Model_____

Color_____

Dimensions_____

Serial Number_____

C. Location

Please provide us with directions to the location of the abandoned home.

D. Tax Information

All taxes current and past have been paid on this manufactured home and there are no outstanding liens against the home.

The abandoned home to be deconstructed is or was listed with the () County Tax Assessor's Office in the name(s) of:

E. Agreement/Consent

By signing this application, I/we agree to remove all personal items from the home prior to deconstruction; disconnect or cause all utilities to be disconnected including water and electricity; and that reasonable access to the home for trucks

and heavy equipment will be provided. I/we also agree that there are no violations on the property of () County Code or the North Carolina Administrative Code and grant County staff full access to the property. I/we certify that we are the owner of the manufactured home and have full authority to authorize its removal.

F. Certification of Compliance

By signing this application, I certify that the manufactured home to be deconstructed was not brought into County for the purpose of being included in this program.

NOTICE: Any violation of the terms of this program, including this application, voids participation.

Owner Print Name _____

Owner Signature: _____ Date:

For Questions concerning this application, please contact:

(Responsible Staff's Contact Information including a phone number an email)

In order to remove this manufactured home you must submit a listing form to the Tax Assessor's Office or other responsible County entity:

OFFICIAL USE ONLY

Date Received: _____

Application Number: _____

Confirmation Sent: _____

Contractor Notified: _____

Processed By: _____

(*Note this is boiler plate language only for an agreement form, before officially adopting this form as a part of your Abandoned Manufacture Homes program and prior to making application for an AMH Grant, please have county legal staff review document this in accordance to local codes, ordinances, state law and legal form standards, as applicable)