



ASSESSOR
 200 Court St. / P.O. BOX 430
 CLAYTON, NM 88415
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 FAX: 575-374-2763

UNION COUNTY PERMANENT STRUCTURE APPLICATION

RE: Request to Inspect Manufactured Home

I hereby request that the manufactured home listed be changed to a permanent structure as per Subsection D of Section 3.6.5.33 NMAC. The Assessor’s Office will not be liable for determining permanent status for mortgage companies. The mortgage company must make their own decisions to whether the property is eligible for a loan as “Real Estate”. The valuation as real property is for tax purposes only and will be based on the following criteria:

1. The Assessor’s Office has received a request from the owner of the manufactured home that it be taxed as real property.
2. The owner of the manufactured home is also the owner of the real estate to which the home has been affixed.
3. The tongue and axles have been removed from the manufactured home and the home has been affixed to a permanent foundation in accordance with part 14.12.2 NMAC –Manufactured Housing Dept.
4. The title to the manufactured home, issued pursuant to the provisions of the Motor Vehicle Code, is deactivated in accordance with Section 18.19.3.18 NMAC and evidence of the deactivation has been provided to the Assessor’s Office.
5. All property taxes for the manufactured home have been paid in full including current year taxes.

The final determination of the classifications (real or personal) for property tax purposes will be made by the Assessor’s office upon inspection.

SIZE _____ YEAR _____ MAKE _____ PLATE # _____ SERIAL # _____ MANUFACTURER _____ ASSESSOR’S LAND PARCEL # _____ REGISTERED TITLE OWNER’S NAME: _____ ADDRESS OF MANUFACTURED HOME: _____ (If new address, validation from E911 addressing dept. required) PHONE: _____ LAND OWNERS NAME: _____ <u>COPY</u> OF NMMHD INSPECTION APPROVAL _____ <u>COPY</u> OF ENGINEER’S INSPECTION APPROVAL OR CONTRACTOR’S LICENSE Name/# _____ SIGNATURE OF PARTY REQUESTING CHANGE OF CLASSIFICATION: _____ DATE: _____

APPROVED: _____ NOT APPROVED _____

DATE OF VERIFICATION: _____ VERIFIED BY: _____ JOB TITLE _____