



**STATE OF ARIZONA  
DEPARTMENT OF HOUSING**  
1110 WEST WASHINGTON, SUITE 280  
PHOENIX, ARIZONA 85007  
(602) 771-1000 FAX: 602-771-1002  
[WWW.HOUSING.AZ.GOV](http://WWW.HOUSING.AZ.GOV)

**RELOCATION FUND ASSISTANCE INFORMATION**

**RENT INCREASE REQUEST PROCEDURE:**

Attached is a Request for Relocation Assistance Form.

Please **fill this out completely**, return to the Department of Housing ("Department"), along with the following:

- 1) A copy of the rent receipt, or rent statement showing the **base rent** paid prior to the rent increase notice, as stated in A.R.S. § 33-1476.04 (A), and a copy of the rent increase notice.
- 2) A copy of the **90-Day Notice** from the park showing the amount of rent increase as stated in A.R.S. § 33-1432 (F) and 33-1476.04 (A) and (B).
- 3) A copy of your title or a notarized document showing ownership.
- 4) **A copy of your valuation form/personal property tax statement.**
- 5) A **receipt or other proof showing a zero balance due** on our personal property tax.
- 6) A **contract/estimate/proposal** from a licensed Installer to move your mobile/ manufactured home.

The Department requires the enclosed request for relocation assistance from the Relocation Fund regarding a rent increase, with the mobile home owner's name, address, space number, and phone number, along with the above information. After review and computation using the formula as stated in ARS § 33-1476.04 (3) the Department will notify you whether or not you qualify for assistance from the Relocation Fund because of a rent increase. After **all the above information** has been received by the Relocation Fund Department, and reviewed (within fifteen days from receipt of your contract in the Department) you will receive a letter verifying your approval. Should you have any questions, please call (602) 771-1000.

Thank You.

**RELOCATE HOME**

**ARIZONA DEPARTMENT OF HOUSING**  
**REQUEST FOR RELOCATION ASSISTANCE**

**CHECKLIST**

**Please include the following documents when applying for Relocation Assistance from the Mobile Home Relocation Fund:**

- A copy of this completed Check List.**
- A copy of the Request Form, signed and dated.**
- A copy of one (1) of the following:**
  - Front page of your Title or**
  - A notarized document showing ownership.**
- A copy of your Personal Property Tax Statement from the County reflecting a ZERO (\$0) balance due.**
- If the home is being moved to a different County, you must also include a 504 Tax Clearance Form from the current County Assessor's Office.**
- A copy of the Contract for relocating the home. The contract must be with an Installer licensed with the ADOH.**

**NOTE:** If any documents are missing or incomplete, your request will be rejected and will need to be resubmitted.

**Please return all documents by mail to:**

ATTN: Relocation Fund Department  
Arizona Department of Housing  
1110 W. Washington St., Suite #280  
Phoenix, Arizona 85007

**Email:** [kimberly.merrill@azhousing.gov](mailto:kimberly.merrill@azhousing.gov)

**Fax:** 602.771.1002

**Questions?** Please call Kim at 480.604.3062

# ARIZONA DEPARTMENT OF HOUSING

## REQUEST FOR RELOCATION ASSISTANCE

I hereby request assistance from the Mobile Home Relocation Fund as set forth in A.R.S. § 33-1476.01. By signing this form, I certify that I am a tenant as defined in A.R.S. § 33-1409.29 and eligible to receive assistance.

\_\_\_\_\_  
(Signature of Tenant)

\_\_\_\_\_  
(Date)

TENANTS NAME: \_\_\_\_\_  
(Please Print)

PARK NAME: \_\_\_\_\_

UNIT ADDRESS: \_\_\_\_\_  
Space No.

CITY/ STATE/ ZIP CODE: \_\_\_\_\_

PARK PHONE: \_\_\_\_\_ SINGLE-WIDE \_\_\_ DOUBLE-WIDE

UNIT SIZE: \_\_\_\_\_ YEAR: \_\_\_\_\_ MANUFACTURER \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### **Please Attach the Following Documents:**

1. Copy of your Personal Property Tax Statement from the County reflecting a ZERO balance
2. If moving the home out of the County, must include Form 504 – Tax Clearance from County Assessor
3. Copy of one of the Following:
  - a. Front Page of your Title; or
  - b. A Notarized Document Showing Ownership
4. Copy of the Contract for Relocation of the Home

### **This Form must be Completed and Returned along with all Requested Documents to:**

Via e-mail or USPS  
[kimberly.merrill@azhousing.gov](mailto:kimberly.merrill@azhousing.gov)  
ATTN: Relocation Fund Department  
Arizona Department of Housing  
1110 W. Washington St., Suite #280  
Phoenix, Arizona 85007

## **INSTRUCTIONS FOR THE ATTACHED SAMPLE CONTRACT**

**Step One:** Attached is a sample contract for you to **give to the Installer licensed and bonded through the Department, or Contractor licensed and bonded through the Arizona Registrar of Contractors**, to move and install your Mobile/Manufactured Home at your new location. This sample contract contains all the information required for the licensed and bonded installer or contractor to include in a contract with the mobile home owner.

**Step Two:** Once you have determined the installer or licensed contractor you want contract with to move your Mobile/Manufactured Home mail, e-mail, fax or deliver in person a copy of the signed contract to the Department of Housing, along with all other information noted in the opening page.

The Assistant Deputy Director will approve, or disapprove the contract. You must receive the approval letter from the Department first to assure payment can be made out of the Relocation Fund. Do not move your home until you receive the **approval letter** from the Assistant Deputy Director of the Department of Housing, or the State may not pay for your move from the Relocation Fund.

## THE MOBILE HOME RELOCATION FUND

### Required Elements in a Relocation Contract

**NOTE:** This is a **SAMPLE ONLY**, all contracts must contain at least the information shown below.

1. NAME OF INSTALLER
2. ADDRESS OF INSTALLER
3. TELEPHONE NUMBER OF INSTALLER
4. INSTALLER'S FEDERAL ID NUMBER
5. DATE OF CONTRACT & SIGNATURES
6. INSTALLER'S LICENSE NUMBER

<u>HOME OWNER INFORMATION</u>	<u>CURRENT LOCATION OF MOBILE HOME</u>
NAME: ADDRESS: PHONE NUMBER:	ADDRESS & SPACE NUMBER:
<u>DESCRIPTION OF HOME</u>	<u>NEW RELOCATION ADDRESS</u>
SINGLE OR MULTI-WIDE: SIZE: MANUFACTURER: SERIAL NUMBER: YEAR MANUFACTURED: HUD LABEL IF ANY:	ADDRESS & SPACE NUMBER: ESTIMATED NUMBER OF MILES TO BE MOVED

#### **LISTING OF APPURTENANCES ATTACHED TO THE HOME. INCLUDING ESTIMATE OF SIZE:**

(Awnings, Skirtings, Coolers or Air Conditioners, Sheds, Porches, Carport, etc.)

**NOTE:** The relocation fund covers only the moving expenses: including the taking down, transporting and setting up the mobile home with the identical or substantially similar improvements as were originally attached to the tenant's mobile home.

#### **DETAIL OF WORK TO BE PERFORMED AND CHARGES:**

**NOTE:** Must include all disassembly, transportation and installation of mobile/manufactured home.

#### **INSTALLATION PERMIT NUMBERS:**

**NOTE:** Obtaining the installation permits are the **responsibility of the homeowner, but may be included in the contract pricing with the installer/contractor.**

#### **MOVING DATE:**

**NOTE:** The contract must be submitted, mailed or delivered to THE DEPARTMENT OF HOUSING, within 180 days after the effective date of the change in the age restricted community's use.

#### **HOMEOWNER'S SIGNATURE & DATE AND INSTALLERS' SIGNATURE & DATE MUST BE INCLUDED IN EVERY CONTRACT.**

**NOTE:** All of the above information **MUST** be included in every contract for approval: upon completion of the relocation, a check will be issued directly to the Installer, in the Installer's name only. Proof of completion of the relocation will require the Installer to submit the following documents to the Department:

- 1) A copy of the Permit to move the mobile/manufactured home (504 from County Assessor)
- 2) A copy of the installation permit for installing the mobile/manufactured home at the new location
- 3) A copy of approval documentation from the local jurisdiction for installation, utilities, accessories as appropriate and approval for occupancy following the inspection(s) of the mobile/manufactured home at its new location.
- 4) A Final Invoice

**ARIZONA REVISED STATUTE ("A.R.S.") § 33-1476.01**

*Change in use; notices; compensation for moving expenses; payments by the landlord*

- A. The landlord shall notify the Director and all tenants in writing of a change in use at least one hundred eighty days before the change in use. The landlord may not increase rent within ninety days before giving notice of a change in use.
- B. The landlord shall notify all tenants in writing about the mobile home relocation fund established in A.R.S. § 33-1476.02.
- C. If a tenant is required to move due to a change in use or redevelopment of the mobile home park, the tenant may do any of the following:
  - 1. Collect payment from the mobile home relocation fund for the lesser of the actual moving expenses of relocating the mobile home to a new location that is within a one hundred mile radius of the vacated mobile home park or **\$12,500** for a single section mobile home or **\$20,000** for a multi-section mobile home. Moving expenses include the cost of taking down, moving and setting up the mobile home in a new location. These monies are paid directly to the Installer/contractor.
  - 2. Abandon the mobile home in the mobile home park and collect an amount equal to Forty Percent of the maximum allowable moving expense for that mobile home from the mobile home relocation fund. To qualify for abandonment payment pursuant to this paragraph, the tenant shall deliver to the landlord the current title to the mobile home with the notarized endorsement of the owner of record together with complete releases of all liens that are shown on the title and proof that all taxes owing on the mobile home have been paid to date. The tenant shall provide a copy of these documents to the Department of Housing in support of the tenant's application for payment. If the tenant chooses to abandon the mobile home pursuant to this paragraph, the landlord is exempt from making the payments to the fund as prescribed in subsection D of this section.
  - 3. If a mobile home is relocated to a location outside of the vacated mobile home park and, in the sole judgment of the Director, the mobile home was ground set in the mobile home park from which it was removed, the tenant may collect additional monies not to exceed **\$2,500** for the incremental costs of removing a ground set mobile home. These monies are in addition to any monies provided pursuant to paragraph 1 of this subsection.
- D. Except as provided in subsection C, paragraph 2 and subsection F of this section and section § 33-1476.04, subsection D, if there is a change in use the landlord shall pay five hundred dollars for each single section mobile home, and eight hundred dollars for each multi-section mobile home relocated to the fund for each tenant filing for relocation assistance with the director.
- E. If a change in use occurs before the time stated in the statements of policy, and the landlord does not comply with subsection A of this section, and with section § 33-1436, and section § 33-1476, subsection (H), the landlord shall pay to the fund in addition to the monies preserved in subsection (D) of this section:
  - 1. \$500 for each mobile home space occupied by a single section mobile home.
  - 2. \$800 for each mobile home space occupied by a multi-section mobile home.
- F. The landlord is not required to make the payments prescribed in subsections (D) and (E) of this section for moving mobile homes owned by the landlord, or for moving a mobile home under a contract with the tenant if the tenant does not file for relocation assistance with the Director.
- G. If a change in use occurs within two hundred seventy days of relocations under section § 33-1476.04, the landlord shall pay to the fund in addition to monies prescribed in subsection D of this section:
  - 1. \$500 for each mobile home space occupied by a single section mobile home.
  - 2. \$800 for each mobile home space occupied by a multi-section mobile home.
- H. The tenant shall submit a contract for relocation of a mobile home for approval to the director within sixty days after the relocation to be eligible for payment of relocation expenses. The director must approve or disapprove the contract within fifteen days after receipt of the contract, or the contract is deemed to be approved.
- I. If the contract is approved, the payment of relocation expenses shall be made to the installer when all of the following have been provided/completed:
  - 1. The installer has obtained valid permits to move the mobile or manufactured home to a new location. (504 form)
  - 2. The installer provides documentation to the department that the installation of the mobile or manufactured home at the new location is complete and has been inspected by the department or its designee and is approved for occupancy.
- J. If the contract is not approved, the tenant may appeal to an administrative law judge pursuant to title 41, chapter 16, article 5. The tenant shall provide notice pursuant to section 33-1451, subsection A, paragraph 6 if the tenant relocates.
- K. If this state or a political subdivision of this state exercises eminent domain and the mobile home park is sold or a sale is made to this state or a political subdivision of this state that intends to exercise eminent domain, the state or political subdivision is responsible for the relocation costs of the tenants.
- L. If a tenant is vacating the premises and has informed the landlord or manager before the change in use notice has been given, the tenant is not eligible for compensation under this section.
- M. A person who purchases a mobile home already situated in a park or moves a mobile home into a park in which a change in use notice has been given is not eligible for compensation under this section.
- N. After delivery of the one hundred eighty-day notice prescribed by subsection a of this section, the landlord and the tenants shall inform any prospective buyer or tenant that closure of the park is pending.
- O. This section does not apply to a change in use if the landlord moves a tenant to another space in the mobile home park at the landlord's expense.

**ABANDON HOME**





**STATE OF ARIZONA  
DEPARTMENT OF HOUSING**  
1110 WEST WASHINGTON, SUITE 280  
PHOENIX, ARIZONA 85007  
(602) 771-1000 FAX: 602-771-1002  
[WWW.AZHOUSING.GOV](http://WWW.AZHOUSING.GOV)

**ABANDONMENT FUND INFORMATION**

The Arizona Department of Housing, the state agency that administers the Arizona Mobile Home Parks Residential Landlord Tenant Act (“Act”), has made an initial determination that your home may be qualified for relocation or abandonment expense reimbursement under the Act.

Enclosed is a Request for Abandonment Assistance Form. Please **fill this form out completely**, and return to the department along **with a copy of your paid personal property tax** showing proof of zero balance due on taxes, and **a notarized copy of your title, front and back, or a notarized document showing ownership**. Also enclosed is a form W-9. Please complete and return this form. Completion of this form is required for the allocation of funds.

After **all the above** information has been received, and **approved**, you should receive your check within Three (3) to Four (4) weeks.

Should you have any questions, please contact the Relocation Fund Department at (602) 771-1000.

RELOCATION FUND,  
ARIZONA DEPARTMENT OF HOUSING  
1110 W. Washington, Suite #280  
Phoenix, Arizona 85007

**ARIZONA DEPARTMENT OF HOUSING**  
**REQUEST FOR ABANDONMENT ASSISTANCE**

**CHECKLIST**

Please include the following documents when applying for Abandonment Assistance from the Mobile Home Relocation Fund:

- A copy of this completed Check List.
- A copy of the Request Form, signed and dated.
- Front and back of your Title showing it has been signed over to the Park, notarized, and clear of any liens.
- A copy of your Personal Property Tax Statement from the County reflecting a ZERO (\$0) balance due.
- A completed State of Arizona Form W-9
  - Please ensure SSN or Tax ID is clearly legible.
  - Enter address for remittance of payment.
  - Enter your contact information in Part 8.
  - Sign and date.

**NOTE:** If any documents are missing or incomplete, your request will be rejected and will need to be resubmitted.

**Please return all documents by mail to:**

ATTN: Relocation Fund Department  
Arizona Department of Housing  
1110 W. Washington St., Suite #280  
Phoenix, Arizona 85007

**Email:** [kimberly.merrill@azhousing.gov](mailto:kimberly.merrill@azhousing.gov)

**Fax:** 602.771.1002

**Questions?** Please call Kim at 480.604.3062

# ARIZONA DEPARTMENT OF HOUSING

## REQUEST FOR ABANDONMENT ASSISTANCE FROM THE RELOCATION FUND

I hereby request assistance from the Mobile Home Relocation Fund as set forth in A.R.S. § 33-1476.01.C.2. By signing this form, I certify that I am a tenant as defined in A.R.S. § 33-1409.29 and eligible to receive assistance.

\_\_\_\_\_  
(Signature of Tenant)

\_\_\_\_\_  
(Date)

TENANTS NAME: \_\_\_\_\_  
(Please Print)

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PARK NAME: \_\_\_\_\_

UNIT ADDRESS: \_\_\_\_\_ Space # \_\_\_\_\_

CITY/ STATE/ ZIP CODE: \_\_\_\_\_

PARK PHONE: \_\_\_\_\_  SINGLE-SECTION  MULTI-SECTION

TITLE #: \_\_\_\_\_ VIN #: \_\_\_\_\_

To be eligible, the tenant shall deliver to the landlord the current title to the mobile home fully endorsed by the owner of record and notarized, showing assignment of the title to the mobile home park, together with valid releases of all liens shown on the title.

### **Please Attach the Following Documents:**

1. Copy of your Personal Property Tax Statement from the County reflecting a ZERO balance
2. Copy of front and back of your Title notarized, showing assignment of the title to the mobile home park, together with valid releases of all liens shown on the title.
3. Completed State of Arizona Form W-9

### **This Form must be Completed and Returned along with all Requested Documents to:**

Via e-mail or USPS  
[kimberly.merrill@azhousing.gov](mailto:kimberly.merrill@azhousing.gov)  
ATTN: Relocation Fund Department  
Arizona Department of Housing  
1110 W. Washington St., Suite #280  
Phoenix, Arizona 85007

## State of Arizona Substitute W-9: Request for Taxpayer Identification Number and Certification

Submit completed form to the State of Arizona Agency with whom you are doing business with for review and authorization.

1	<b>Type of Request (Must select at least ONE)</b> <input type="radio"/> New Request <input type="radio"/> New Location (Additional Address ID) <input type="radio"/> Change - Select the type(s) of change from the following: <input type="checkbox"/> Tax ID <input type="checkbox"/> Legal Name <input type="checkbox"/> Entity Type <input type="checkbox"/> Minority Business Indicator <input type="checkbox"/> Main Address <input type="checkbox"/> Remittance Address <input type="checkbox"/> Contact Information																													
2	<b>Taxpayer Identification Number (TIN) (Provide ONE Only)</b> TIN <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> OR SSN <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>																													
3	<b>Entity Name (As it appears on IRS EIN records, IRS Letter CP575, IRS Letter 147C or Social Security Administration Records, Social Security Card. If Individual, Sole Proprietor, Single Member LLC, enter First, Middle, Last Name.)</b> <input style="width: 100%;" type="text"/> Legal Name <input style="width: 100%;" type="text"/> DBA Name																													
4	<b>Entity Type (Must select ONE of the following)</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="radio"/> Individual/Sole Proprietor or Single-Member LLC</td> <td><input type="radio"/> The US or any of its political subdivisions or instrumentalities</td> </tr> <tr> <td><input type="radio"/> Corporation</td> <td><input type="radio"/> A state, a possession of the US, or any of their political subdivisions or instrumentalities</td> </tr> <tr> <td><input type="radio"/> Partnership</td> <td><input type="radio"/> Other: Tax Reportable Entity</td> </tr> <tr> <td><input type="radio"/> Limited Liability Company (LLC) including Corporations &amp; Partnerships</td> <td><input type="radio"/> Other: Tax Exempt Entity</td> </tr> <tr> <td></td> <td style="text-align: right;"><b>Description</b> <input style="width: 100%;" type="text"/></td> </tr> </table>			<input type="radio"/> Individual/Sole Proprietor or Single-Member LLC	<input type="radio"/> The US or any of its political subdivisions or instrumentalities	<input type="radio"/> Corporation	<input type="radio"/> A state, a possession of the US, or any of their political subdivisions or instrumentalities	<input type="radio"/> Partnership	<input type="radio"/> Other: Tax Reportable Entity	<input type="radio"/> Limited Liability Company (LLC) including Corporations & Partnerships	<input type="radio"/> Other: Tax Exempt Entity		<b>Description</b> <input style="width: 100%;" type="text"/>																	
<input type="radio"/> Individual/Sole Proprietor or Single-Member LLC	<input type="radio"/> The US or any of its political subdivisions or instrumentalities																													
<input type="radio"/> Corporation	<input type="radio"/> A state, a possession of the US, or any of their political subdivisions or instrumentalities																													
<input type="radio"/> Partnership	<input type="radio"/> Other: Tax Reportable Entity																													
<input type="radio"/> Limited Liability Company (LLC) including Corporations & Partnerships	<input type="radio"/> Other: Tax Exempt Entity																													
	<b>Description</b> <input style="width: 100%;" type="text"/>																													
5	<b>Minority Business Indicator (Must select ONE of the following)</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="radio"/> Small Business</td> <td><input type="radio"/> Small, Woman Owned Business- Hispanic</td> <td><input type="radio"/> Minority Owned Business- African American</td> </tr> <tr> <td><input type="radio"/> Small Business- African American</td> <td><input type="radio"/> Small, Woman Owned Business- Native American</td> <td><input type="radio"/> Minority Owned Business- Asian</td> </tr> <tr> <td><input type="radio"/> Small Business- Asian</td> <td><input type="radio"/> Small, Woman Owned Business- Other Minority</td> <td><input type="radio"/> Minority Owned Business- Hispanic</td> </tr> <tr> <td><input type="radio"/> Small Business - Hispanic</td> <td><input type="radio"/> Woman Owned Business</td> <td><input type="radio"/> Minority Owned Business- Native American</td> </tr> <tr> <td><input type="radio"/> Small Business- Native American</td> <td><input type="radio"/> Woman Owned Business- African American</td> <td><input type="radio"/> Minority Owned Business- Other Minority</td> </tr> <tr> <td><input type="radio"/> Small Business- Other Minority</td> <td><input type="radio"/> Woman Owned Business- Asian</td> <td><input type="radio"/> Non-Profit, IRC §501(c)</td> </tr> <tr> <td><input type="radio"/> Small, Woman Owned Business</td> <td><input type="radio"/> Woman Owned Business- Hispanic</td> <td><input type="radio"/> Non-Small, Non-Minority or Non-Woman Owned Business</td> </tr> <tr> <td><input type="radio"/> Small, Woman Owned Business- African American</td> <td><input type="radio"/> Woman Owned Business- Native American</td> <td><input type="radio"/> Individual, Non-Business</td> </tr> <tr> <td><input type="radio"/> Small, Woman Owned Business- Asian</td> <td><input type="radio"/> Woman Owned Business- Other Minority</td> <td></td> </tr> </table>			<input type="radio"/> Small Business	<input type="radio"/> Small, Woman Owned Business- Hispanic	<input type="radio"/> Minority Owned Business- African American	<input type="radio"/> Small Business- African American	<input type="radio"/> Small, Woman Owned Business- Native American	<input type="radio"/> Minority Owned Business- Asian	<input type="radio"/> Small Business- Asian	<input type="radio"/> Small, Woman Owned Business- Other Minority	<input type="radio"/> Minority Owned Business- Hispanic	<input type="radio"/> Small Business - Hispanic	<input type="radio"/> Woman Owned Business	<input type="radio"/> Minority Owned Business- Native American	<input type="radio"/> Small Business- Native American	<input type="radio"/> Woman Owned Business- African American	<input type="radio"/> Minority Owned Business- Other Minority	<input type="radio"/> Small Business- Other Minority	<input type="radio"/> Woman Owned Business- Asian	<input type="radio"/> Non-Profit, IRC §501(c)	<input type="radio"/> Small, Woman Owned Business	<input type="radio"/> Woman Owned Business- Hispanic	<input type="radio"/> Non-Small, Non-Minority or Non-Woman Owned Business	<input type="radio"/> Small, Woman Owned Business- African American	<input type="radio"/> Woman Owned Business- Native American	<input type="radio"/> Individual, Non-Business	<input type="radio"/> Small, Woman Owned Business- Asian	<input type="radio"/> Woman Owned Business- Other Minority	
<input type="radio"/> Small Business	<input type="radio"/> Small, Woman Owned Business- Hispanic	<input type="radio"/> Minority Owned Business- African American																												
<input type="radio"/> Small Business- African American	<input type="radio"/> Small, Woman Owned Business- Native American	<input type="radio"/> Minority Owned Business- Asian																												
<input type="radio"/> Small Business- Asian	<input type="radio"/> Small, Woman Owned Business- Other Minority	<input type="radio"/> Minority Owned Business- Hispanic																												
<input type="radio"/> Small Business - Hispanic	<input type="radio"/> Woman Owned Business	<input type="radio"/> Minority Owned Business- Native American																												
<input type="radio"/> Small Business- Native American	<input type="radio"/> Woman Owned Business- African American	<input type="radio"/> Minority Owned Business- Other Minority																												
<input type="radio"/> Small Business- Other Minority	<input type="radio"/> Woman Owned Business- Asian	<input type="radio"/> Non-Profit, IRC §501(c)																												
<input type="radio"/> Small, Woman Owned Business	<input type="radio"/> Woman Owned Business- Hispanic	<input type="radio"/> Non-Small, Non-Minority or Non-Woman Owned Business																												
<input type="radio"/> Small, Woman Owned Business- African American	<input type="radio"/> Woman Owned Business- Native American	<input type="radio"/> Individual, Non-Business																												
<input type="radio"/> Small, Woman Owned Business- Asian	<input type="radio"/> Woman Owned Business- Other Minority																													
6	<b>Veteran Owned Business</b> <input type="checkbox"/> YES <input type="checkbox"/> NO																													
7	<b>Entity Address</b> <b>Main Address</b> (Where tax information and general correspondence is to be mailed) <b>Remittance Address</b> (Where payment is to be mailed) <input type="checkbox"/> Same as Main <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="height: 20px;">Address Line 1</td> <td colspan="3" style="height: 20px;">Address Line 1</td> </tr> <tr> <td colspan="3" style="height: 20px;">Address Line 2</td> <td colspan="3" style="height: 20px;">Address Line 2</td> </tr> <tr> <td style="width: 25%;">City</td> <td style="width: 25%;">State</td> <td style="width: 25%;">Zip code</td> <td style="width: 25%;">City</td> <td style="width: 25%;">State</td> <td style="width: 25%;">Zip code</td> </tr> </table>			Address Line 1			Address Line 1			Address Line 2			Address Line 2			City	State	Zip code	City	State	Zip code									
Address Line 1			Address Line 1																											
Address Line 2			Address Line 2																											
City	State	Zip code	City	State	Zip code																									
8	<b>Vendor Contact Information</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="height: 20px;">Name</td> <td colspan="3" style="height: 20px;">Title</td> </tr> <tr> <td style="width: 25%;">Phone</td> <td style="width: 25%;">Ext.</td> <td style="width: 25%;">Fax</td> <td colspan="3" style="height: 20px;">Email</td> </tr> </table>			Name			Title			Phone	Ext.	Fax	Email																	
Name			Title																											
Phone	Ext.	Fax	Email																											
9	<b>Exemption from Backup Withholding and FATCA Reporting:</b> Complete this section if it is applicable to you. See instructions for more details <input style="width: 40%;" type="text"/> Exemption Code for Backup Withholding <input style="width: 40%;" type="text"/> Exemption Code for FATCA Reporting																													
1	<b>Certification</b> Under penalties of perjury, I certify that: 1. The number shown on this form is my correct Taxpayer Identification Number, and 2. I am not subject to Backup Withholding because: (a) I am exempt from Backup Withholding, or (b) I have not been notified by the IRS that I am subject to Backup Withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to Backup Withholding, and 3. I am a US citizen or other US person, and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. <b>Certification instructions:</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.																													
	<input style="width: 100%;" type="text"/> Signature	<input style="width: 100%;" type="text"/> Print Name	<input style="width: 100%;" type="text"/> Date																											

# The State of Arizona Substitute W-9 Form Instructions

The State of Arizona (State), like all organizations that file an information return with the IRS, must obtain your correct Taxpayer Identification Number (TIN) to report income paid to you or your organization. The State uses the Substitute W-9 Form to obtain certification of your TIN in order to ensure accuracy of information contained in its payee/vendor system and to avoid Backup Withholding as mandated by the IRS. According to IRS regulations, the State must withhold 28% of all payments if a vendor/payee fails to provide the State its certified TIN. The Substitute Form W-9 certifies a vendor/payee's TIN. Any vendor/payee who wishes to do business with the State must complete the Substitute W-9 Form.

**Part 1 - Type of Request:** Select only one.

**Part 2 - Taxpayer Identification Number (TIN):** Enter your nine-digit TIN. The TIN is either your nine-digit Social Security Number (SSN) assigned by the Social Security Administration (SSA) or Employer Identification Number (EIN) assigned by the Internal Revenue Service (IRS).

**Part 3 - Entity Name:** Enter the legal name as it appears on IRS EIN records, IRS Letter CP575, IRS Letter 147C or Social Security Administration Records, Social Security Card. If Individual, Sole Proprietor, Single Member LLC, enter First, Middle, Last Name. Enter your DBA in the designated line if applicable.

**Part 4 - Entity Type:** Select only one for TIN given.

**Part 5 - Minority Business Indicator:** Select only one for TIN given.

**Part 6 - Veteran Owned Business:** Select only one for TIN given.

**Part 7 - Entity Address:** List the locations for tax reporting purposes and where payments should be mailed.

**Part 8 - Entity Contact Information:** List the contact information.

**Part 9 - Backup Withholding and FATCA Exemptions:** If you are exempt from Backup Withholding and/or FATCA reporting, enter in the Exemptions box, any code(s) that may apply to you.

**Backup Withholding Exemption Codes:** Generally, Individuals (including Sole Proprietors) are not exempt from Backup Withholding. Additionally, Corporations are not exempt from Backup Withholding when supplying legal or medical services. If you do not fall under the categories below, leave this field blank. The following codes identify payees that are exempt from Backup Withholding:

Code 1: An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b) (7) if the account satisfies the requirements of section 401 (f) (2)

Code 2: The United States or any of its agencies or instrumentalities

Code 3: A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or Instrumentalities

Code 4: A foreign government or any of its political subdivisions, agencies, or instrumentalities

Code 5: A corporation

Code 6: A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States Code 7: A futures commission merchant registered with the Commodity Futures Trading Commission

Code 8: A real estate investment trust

Code 9: An entity registered at all times during the tax year under the Investment Company Act of 1940

Code 10: A common trust fund operated by a bank under section 584(a)

Code 11: A financial institution

Code 12: A middleman known in the investment community as a nominee or custodian

Code 13: A trust exempt from tax under section 664 or described in section 4947

**FATCA Exemption Codes:** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. If you are only submitting this form for an account you hold in the United States, leave this field blank. The following codes identify payees that are exempt from FATCA Reporting:

Code A: An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a) (37)

Code B: The United States or any of its agencies or instrumentalities

Code C: A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities

Code D: A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)

Code E: A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c) (1) (i)

Code F: A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

Code G: A real estate investment trust

Code H: A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

Code I: A common trust fund as defined in section 584(a)

Code J: A bank as defined in section 581 Code K: A broker

Code L: A trust exempt from tax under section 664 or described in section 4947(a) (1)

Code M: A tax-exempt trust under a section 403(b) plan or section 457(g) plan

**Part 10 - Certification:** Please sign, date and provide preparer's name in appropriate space.

**REHABILITATE HOME**



**STATE OF ARIZONA**  
**DEPARTMENT OF HOUSING**  
1110 WEST WASHINGTON, SUITE 280  
PHOENIX, ARIZONA 85007  
(602) 771-1000 FAX: 602-771-1002  
[WWW.AZHOUSING.GOV](http://WWW.AZHOUSING.GOV)

## **REHABILITATION OF MOBILE HOMES**

A **mobile home** is defined as a residential structure built before June 15, 1976, on a permanent chassis, capable of being transported in one or more sections and is installed on a foundation system and connected to on-site utilities. The foundation system may or may not be a permanent foundation. Mobile homes do not include recreational vehicles, HUD manufactured homes (built on or after June 15, 1976 to the HUD code), or factory-built buildings (also known as modular homes).

Arizona Revised Statutes 41-4008 requires that mobile homes that are moved from one mobile home park in this state to another mobile home park in this state, and mobile homes entering the state be rehabilitated for the safety of the home and its occupants. Rehabilitation is required prior to moving the mobile home from the existing mobile home park, except for mobile homes moving into this state which are required to be rehabilitated once they arrive to a site in this state.

*Please verify the local zoning requirements with the city, town or county BEFORE planning to relocate a mobile home. Some local jurisdictions have requirements that exceed the state requirements; some local jurisdictions do not allow mobile homes.*

The cost of rehabilitating a mobile home may be reimburse to the owner of the mobile home if the household income of the owner of the mobile home is at or below 100% of the current federal poverty guidelines published annually by the United States Department of Health and Human Services.

## **REHABILITATION PERMIT**

The Department of Housing issues all Rehabilitation Permits. Local jurisdiction (city, towns, counties) require planning and zoning permits prior to installing a mobile home.

The Department's Rehabilitation Permit Application and instructions are found:

- [https://housing.az.gov/sites/default/files/Rehabilitation Permit Application ADOH 09-2017.pdf](https://housing.az.gov/sites/default/files/Rehabilitation%20Permit%20Application%20ADOH%2009-2017.pdf)
- <https://housing.az.gov/sites/default/files/Instructions>

The fee required for the Rehabilitation Permit for the period of July 1, 2024 through June 30, 2025 is found on the Department's website:

- [https://housing.az.gov/sites/default/files/documents/files/FEE%20SCHEDULE%202024 2025.pdf](https://housing.az.gov/sites/default/files/documents/files/FEE%20SCHEDULE%202024%202025.pdf)

**ARIZONA DEPARTMENT OF HOUSING**  
**REQUEST FOR REHABILITATION ASSISTANCE**

I hereby request assistance from the Mobile Home Relocation fund as set forth in Arizona Revised Statutes ("A.R.S.") § 41-4008. By signing this form, I certify that I am a tenant as defined in A.R.S. § 41- 4008 and eligible to receive assistance.

\_\_\_\_\_  
(Signature of Owner)

\_\_\_\_\_  
(Date)

OWNERS NAME: \_\_\_\_\_  
(Please Print)

PARK NAME: \_\_\_\_\_

UNIT ADDRESS: \_\_\_\_\_ Space #: \_\_\_\_\_

CITY: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Unit year: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

How long have you lived in the unit? \_\_\_\_\_

Do you plan to live in the unit after it is moved?  YES  NO

Annual Gross Income: \$ \_\_\_\_\_

Number of immediate family members you support living in the unit (**including yourself**): \_\_\_\_\_

**A copy of your last year's Federal Income Tax Return "MUST" be returned with this form.**

Also please submit additional documents necessary such as: W-2 Forms, Pay Check Stubs, Welfare Benefits, Social Security, all sources of income you may receiving.

**Mailing Address if different from where unit is:**

\_\_\_\_\_  
\_\_\_\_\_

**On the next page, list the names of all immediate family members you support who are living in the mobile home along with their social security numbers. This must be filled out completely.**

This form must be completed and returned along with documents to:

Arizona Department of Housing 1110 W. Washington, Suite 280, Phoenix, AZ 85007

Or e-mail: [kimberly.merrill@azhousing.gov](mailto:kimberly.merrill@azhousing.gov)



<u>NAME</u>	<u>RELATIONSHIP</u>	<u>SOCIAL SECURITY#</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ARIZONA REVISED STATUTE (A.R.S.) § 41-4008**  
**REIMBURSEMENT FROM RELOCATION FUND;**  
**Costs of complying with standards; Definition**

- A. The cost of bringing a mobile home into compliance with the requirement of this article may be reimbursed to the owner from the mobile home relocation fund established under §33-1476.02, if all of the following are true:
1. The mobile home is moved from one mobile home park in this state to another mobile home park in this state.
  2. The household income of the owner of the mobile home is at or below one hundred percent of the current federal poverty level guidelines as published annually by the United States Department of Health and Human Services.
  3. The mobile home is not being relocated as the result of a judgment in a forcible detainer or special detainer action requiring the owner to vacate the mobile home park in which the mobile home is located.
- B. The amount of the reimbursement pursuant to this section shall not exceed one thousand five hundred dollars for the costs related to any mobile home.
- C. In this section, "owner means an individual whose primary residence has been the mobile home continuously for the six month period preceding an application for reimbursement, or an individual who has purchased the mobile home and who intends to reside in the mobile home as the individual's primary residence after the relocation. The fund shall have a claim for reimbursement of sums received under this section by an individual who fails to reside in the mobile home for six months following its relocation, unless failure was due the death or disability of a resident.

**U.S. FEDERAL POVERTY GUIDELINES USED TO DETERMINE FINANCIAL ELIGIBILITY FOR  
CERTAIN FEDERAL PROGRAMS**

## HHS POVERTY GUIDELINES FOR 2024

The 2024 poverty guidelines are in effect as of January 17, 2024

[Federal Register Notice, January 17, 2024 - Full text.](#)

2024 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
For families/households with more than 8 persons, add \$5,380 for each additional person.	
1	\$15,060
2	\$20,440
3	\$25,820
4	\$31,200
5	\$36,580
6	\$41,960
7	\$47,340
8	\$52,720

## **REHABILITATION OF MOBILE HOMES**

### **R4-34-606**

#### **PURPOSE**

The purpose of this program is to provide minimum safety standards for homes manufactured before the implementation of the HUD Manufactured Home Construction and Safety Standards. This applies to homes manufactured before June 15, 1976. Arizona law requires that "A person shall not occupy or otherwise use a mobile home which has been brought into this state or move a mobile home from one mobile home park in this state to another mobile home park in this state unless it meets the standards pursuant to this chapter and displays the proper state insignia" pursuant to A.R.S. § 41-4048 (C).

#### **REQUIREMENTS** (Pursuant to Arizona Administrative Code ("A.A.C") R4-34-606

A. A rehabilitation permit shall be obtained from the Office of Manufactured Housing prior to any modification of the unit. (Permit fee is \$49.00 if income is below Area Median Income (AMI);\$306.00 if income at or above AMI. This includes the permit, compliance insignia, and two inspections. Additional inspections may incur additional charges.)

B. The following requirements shall be met for a mobile home to be issued a certificate of compliance:

1. A smoke detector (which may be a single station alarm device) shall be installed on any wall in a hallway or space connecting bedroom(s) and living areas. When located in a hallway, the detector shall be between the return air intake and the living area. Each smoke detector shall be installed in accordance with its listing. The top of the detector shall be located between 4 inches to 12 inches below the ceiling;

2. The walls, ceiling, and doors of each gas fired furnace and water heater compartment shall be lined with 5/16 inch gypsum board, unless the door opens to the exterior of the unit in which case the door may be all metal construction. All exterior compartments shall seal to the interior of the unit;

3. Each room designated expressly for sleeping purposes shall have at least one outside egress window or approved exit device, unless it has an exterior door. The window or exit shall have a minimum clear dimension of 22 inches and a minimum clear opening of 5 square feet. The bottom of the exit shall not be more than 36 inches above the floor;

4. All electrical systems shall be tested for continuity to assure that metallic parts are properly bonded, tested for operation to demonstrate that all equipment is connected and in working order, and given a polarity check to determine that connections are proper. The electrical system shall be properly protected for the required amperage load. If the unit wiring is of aluminum conductors, all receptacles and switches rated 20 amperes or less directly connected to the aluminum conductors shall be marked CO/ALR. Exterior receptacles other than heat tape receptacles, shall be of the ground fault circuit interrupter (GFCI) type. Conductors of dissimilar metals (copper/aluminum, or copper clad aluminum) must be connected in accordance with NEC Section 110.14; and

5. The unit's gas piping shall be tested with the appliance valves removed from the piping system and the piping capped at those areas. The piping system shall withstand a pressure of at least 6 inch mercury or 3 psi for a period of not less than ten (10) minutes without showing any drop in pressure. Pressure shall be measured with a mercury manometer or a slope gauge calibrated so as to read in increments of not greater than 1/10th pound or equivalent device. The source of normal operating pressure shall be isolated before the pressure test is made. After the appliance connections are reinstalled, the piping system and connections shall be tested with line pressure of not less than 10 inches nor more than 14 inches water column air pressure. The appliance connections shall be tested for leakage with soapy water or bubble solution. All gas furnaces and water heaters shall be vented to the exterior in accordance with IMC Chapter 8.

C. The unit shall be inspected by the Office of Manufactured Housing to ensure compliance with the above listed requirements.

D. The office shall issue a certification of compliance for each unit in compliance with the above requirements, and affix an insignia of approval to the exterior wall nearest the point of entrance of the electrical service.

## FREQUENTLY ASKED QUESTIONS

Q. If I am moving my home from a park to private land, do I still need to have the rehab done?

A. State law only requires the rehab when a home is being brought into the state from another state or being moved from one park to another park. The State does not require that a rehab be done if you are moving from a park to private property, however, many local jurisdictions do. Check with your local jurisdiction (city, county) first.

Q. I have an electric furnace. Does the compartment still need to be lined with gyp?

A. No. Only gas fired appliance compartments are required to be lined with gypsum board (i.e.; sheetrock, drywall). This includes any door to the compartment, unless the door is to the exterior to the house, in this case the door may be made of metal. When appliances are fueled by gas, all seams and openings to the interior of the house must be sealed. This is to prevent the ingress of combustion gasses into the living area of the home and provide some measure of fire protection. Sealing can be accomplished with drywall joint compound or caulking. All exposed wood must be covered with gyp board.

Q. We are using one of the bedrooms as a den. Does this room still require an egress window?

A. Yes. Sleeping rooms (bedrooms) are as originally designated by the home's manufacturer. A sleeping room not currently being used as such may be used as such in the future.

Q. I'm not understanding the size requirement for the egress window, can you clarify?

A. Many older homes were built with rather small windows in the bedrooms. The purpose of the egress device (usually a window or door) is to allow an easy escape route from the home in event of an emergency, such as a fire. The egress opening must be accessible and big enough for a person to fit through in a hurry. The sill of the window can be no more than 36 inches above the floor and the opening part of the window must be at least 22 inches wide and be a minimum of five square feet in area. Any security bars that may be present must have a quick release mechanism that allows someone to climb out of the window.

Q. What is a GFCI receptacle and where do I need to put them?

A. A GFCI (ground fault circuit interrupter) is a device that is designed to protect people from accidental electrocution in event of a ground fault. An example would be if someone were blow drying their hair while sitting in a bathtub full of water (please don't do this) and they dropped the hair dryer in the water. The GFCI receptacle would open the circuit before the person could be electrocuted. All exterior receptacles need to be GFCI. Any receptacle within six feet of a sink or tub needs to be GFCI.

Q. What will I need to do when my home is inspected? How do I prepare?

A. The inspector will be looking to see that the items listed above in the Requirements section have been completed satisfactorily. The inspector will need to witness a successful gas test, so the test must be conducted in the inspector's presence. The inspector will also check the electrical system; this will require that the electricity be on or that a generator of sufficient capacity be available. A common cause for a failed inspection is incomplete, unsuccessful or unavailable gas or electrical tests. It would be a good idea to pre test the home to identify and resolve any problems before calling for an inspection. Another common area of failure is inadequate gyp installation, or sealing, in gas appliance compartments. Be sure the work is complete in these areas. Keep in mind that the permit fee includes two inspection visits, any additional visits may incur additional charges, so it is a good idea to make sure that the work is complete before calling for an inspection.

If you have any questions regarding these processes or procedures, please call our office for assistance.

Arizona Department of Housing, (602) 771-1000

## EXAMPLE OF A GAS TEST

### **A. Materials needed:**

1. Sufficient caps of the correct size to cap off open ends of gas pipe.
2. Appropriate fitting with gauge (usually calibrated in oz.) and valve (usually a bicycle type valve stem) to allow pressurization of the system.
3. Method of pressurizing system (usually a bicycle tire pump).
4. Soapy water, or a commercially available bubble solution, and a method of application (brush, swab or squirt bottle).

### **B. Procedure:**

1. Shut off gas supply at yard line valve. Disconnect yard line at entrance to home and cap yard line.
2. Install gauge and valve fitting at supply entrance to home.
3. Disconnect appliances and cap off supply pipe at appliances.
4. Pressurize gas pipe system to a minimum of 3psi (or equivalent). System must hold pressure for ten minutes without dropping. If pressure drops, the leak must be located and repaired and the system re-pressurized for a minimum of ten minutes. System passes when it will hold pressure without dropping for ten minutes.
5. After main system pipes pass pressure test, uncap supply pipes at appliances and reinstall appliance connections.
6. Pressurize system and check appliance connections with soapy water solution. If bubbles indicate a leak at connection, repair leak and retest. System passes when no leaks are detected at appliance connections.

## **MOBILE HOME REHABILITATION CHECKLIST**

- Permit acquired
- Smoke detector installed in correct location
- Gas fired water heater and furnace compartment lined with gyp board including door (excluding exterior metal door)
- Gas fired water heater and furnace compartment sealed to interior of home
- Gas fired appliances are properly vented to the exterior of the home in compliance with the International Mechanical Code, Chapter 8
- Outside egress (window or door) provided for sleeping rooms
- Outside egress devices are of correct size
- The electrical system is in proper working order, connections made correctly and all materials appropriate for the application in compliance with the National Electrical Code, Section 110 (i.e., correct wire nuts used when connecting aluminum conductors to copper conductors, receptacles marked CO/ALR when connected to aluminum conductors, cover plates installed, etc.)
- GFCI receptacles are installed in the appropriate locations, interior and exterior
- Electrical service is on, so system can be tested
- Gas system is ready for testing, all equipment and material is available
- To request an inspection visit the [ADOH Installation Inspection Request Online Portal](#)