DOUGLAS A. DUCEY
Governor

MICHAEL TRAILOR
Director

STATE OF ARIZONA
DEPARTMENT OF HOUSING

1110 WEST WASHINGTON, SUITE 280
PHOENIX, ARIZONA 85007

(602) 771-1000 WWW.AZHOUSING.GOV
FAX: 602-771-1002

RELOCATION FUND ASSISTANCE INFORMATION FOR CHANGE IN USE DUE TO REDEVELOPMENT OR CLOSURE OF A MOBILE HOME PARK

Pursuant to Arizona Revised Statutes ("A.R.S.") § 33-1476.01 (C), if a homeowner/tenant is required to move due to a change in use resulting in closure or redevelopment of the mobile home park, the homeowner/tenant may do any of the following:

1. **Relocate the home to a new location.** Payment from the Mobile Home Relocation Fund ("Fund") is available for the lesser of the actual moving expenses of relocating the mobile/manufactured home to a new location that is within a fifty mile radius of the vacated mobile home park or five thousand dollars ($5,000) for a single section mobile/manufactured home, or ten thousand dollars ($10,000) for a multi- section mobile/manufactured home.
2. **Abandon the mobile/manufactured home** in the mobile/manufactured home park and collect an amount equal to one-fourth of the maximum allowable moving expense ($1,250 for a single wide; $2,500 for a multi-wide) for that home from the Fund.

REHABILITATION OF A MOBILE HOME

If the unit is a mobile home, built prior to June 15, 1976, the home is required to be rehabilitated prior to the relocation of the mobile home to another mobile home park. A mobile home relocating to private property may be exempt from rehabilitation depending on local jurisdiction requirements. A rehabilitation permit must be purchased from the Department prior to any modification of the unit.

Pursuant to A.R.S. § 41-2157, the costs of bringing a mobile home into compliance with the requirements may be reimbursed to the homeowner from the Fund for an amount not to exceed one thousand five hundred dollars ($1,500) if the homeowner qualifies based on income.

Additional Information

Enclosed you will find detailed information regarding the options as listed above:

- Application packet for the relocation of a mobile/manufactured home.
- Application packet for abandonment of a mobile home.
- Application packet for the rehabilitation of a mobile home.
- Application packet for financial assistance with the costs of complying with standards.

Thank You.

RELOCATE HOME

DOUGLAS A. DUCEY
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MICHAEL TRAILOR
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STATE OF ARIZONA
DEPARTMENT OF HOUSING

1110 WEST WASHINGTON, SUITE 280
PHOENIX, ARIZONA 85007

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RELOCATION FUND ASSISTANCE INFORMATION – CHANGE IN USE

Attached is a Request for Relocation Assistance Form. Please **fill this out completely,** return to the Department of Fire, Building and Life Safety ("Department"), along **with a copy of your personal property tax statement** showing that you paid into the Relocation Fund, a **receipt or other proof showing a zero balance due** on our personal property tax, **a copy of your title or a notarized document showing ownership prior to the Notice of Change In Use,** and a **contract/estimate/proposal** from a licensed Installer. This will activate your file in preparation for a claim being filed with the Relocation Fund for relocation of your manufactured home.

Also, enclosed is a copy of Arizona Revised Statutes ("A.R.S.") 33-1476.01 which pertains to the Relocation Fund Assistance, and a copy of a sample form showing all the information that is needed on your contract to move your mobile home. As soon as you have a signed contract/estimate/proposal with a licensed installer, provide a copy of it to the Department so your request for assistance may be processed.

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 I can be reached at (602) 364-1032.

Thank You

Joni Cage

Joni Cage
Relocation Fund
ARIZONA DEPARTMENT OF HOUSING
joni.cage@azhousing.gov

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. § 33-1409.28 and eligible to receive assistance.

_____
(Signature of Tenant) (Date)

_____
(Social Security No.)

TENANTS NAME_____
(Please Print)

PARK NAME_____

UNIT ADDRESS_____
Space No.

CITY/ STATE/ ZIP CODE:_____

PHONE NUMBER: _____ SINGLE-WIDE: ___ DOUBLE-WIDE: _____

UNIT SIZE: _____YEAR:_____ MANUFACTURER_____

Please attach a copy of your paid personal property tax statement, valuation form and a copy of your title or a notarized document showing ownership.

Mailing Address if different from where unit is:

_____

_____

_____

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

Relocation Fund Department,
ARIZONA DEPARTMENT OF HOUSING
1110 W. Washington Ave., Suite #280
Phoenix, Arizona 85007
joni.cage@azhousing.gov

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 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 you want contract with to move your Mobile 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 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 Deputy Director of the Department of Housing, or the State cannot 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

HOME OWNER INFORMATION	CURRENT LOCATION OF MOBILE HOME
NAME: ADDRESS: PHONE NUMBER:	ADDRESS & SPACE NUMBER:
DESCRIPTION OF HOME	NEW RELOCATION ADDRESS:
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, before the 180 days deadline date.

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 form 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

DELIVERY INSTRUCTIONS FOR CHECK DISBURSEMENT TO INSTALLER

Please provide accurate address information for check delivery preference. Returned mail can delay checks 4-6 weeks.

PLEASE CHECK ONE AS APPLICABLE:

_____ MAIL CHECK ____PICK UP

MAILING ADDRESS:

_____

_____

_____

REQUEST FOR PICK UP:

I,_____, will pick up check from the office. Please contact me at (____)_____-_____once check is ready for pick up.

OR

I, _____, give, _____, permission to pick up check in my place. Please contact them at (___)_____-_____ once check is ready for pick up.

_____ _____

SIGNATURE DATE

Updated and Effective as of March 2015

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 fifty mile radius of the vacated mobile home park or **five thousand dollars** for a single section mobile home or **ten thousand dollars** 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 one-fourth 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 **two thousand five hundred dollars** 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. Five hundred dollars for each mobile home space occupied by a single section mobile home.
2. Eight hundred dollars 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. Five hundred dollars for each mobile home space occupied by a single section mobile home.
2. Eight hundred dollars 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 or contractor when both of the following have been completed:

1. The installer or contractor has obtained valid permits to move the mobile or manufactured home to a new location.
2. The installer or contractor 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.
3. A final invoice has been submitted to the Department.

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. 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

DOUGLAS A. DUCEY
Governor

MICHAEL TRAILOR
Director

STATE OF ARIZONA
DEPARTMENT OF HOUSING
1110 WEST WASHINGTON, SUITE 280
PHOENIX, ARIZONA 85007

(602) 771-1000 WWW.AZHOUSING.GOV
FAX: 602-771-1002

ABANDONMENT FUND INFORMATION

The Department of Fire, Building and Life Safety, the state agency that administers the Arizona Mobile Home Parks Residential Landlord Tenant Act, has made an initial determination that your home is 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 you paid into the relocation fund and 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 four (4) to six (6) weeks.

Should you have any questions please contact the Relocation Fund Department at (602) 364-1032.

RELOCATION FUND,
ARIZONA DEPARTMENT OF HOUSING
1110 W. Washington, Suite #280
Phoenix, Arizona 85007
joni.cage@azhousing.gov

REQUEST FOR ABANDONMENT ASSISTANCE FROM THE RELOCATION FUND
(REGARDING A REDEVELOPMENT OF A MOBILE HOME PARK)

I hereby request assistance from the Mobile Home Relocation fund as set forth in A.R.S. §33-1475.01.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 because of the redevelopment of a mobile home park.

_____ _____
(Signature of Tenant) (Date)

_____ _____
(Mobile Home Title Number) (Mobile Home Vehicle Identification Number)

TENANTS NAME: _____
(Please Print)

UNIT ADDRESS: _____ _____
(Space No.)

CITY/STATE/ZIP CODE: _____

To be eligible, the tenant shall deliver to the landlord the current title to the mobile home duly 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. A copy of these documents shall be delivered to the Arizona Department of Housing at 1110 W. Washington, Suite 280, Phoenix, AZ 85007, to support this application for payment.

Tenant's Signature: _____

Dated this day_____ of _____

State of Arizona Substitute W-9 & Vendor Authorization Form

Purpose: Establish or update a vendor account with the State of Arizona. This form meets the Federal requirements to request a taxpayer identification number (TIN), request certain certifications and claims for exemption, as well as the State of Arizona requirements for vendor establishment.

Instructions: Complete form if
1. You are a U.S. person (including a resident alien);
2. You are a vendor that provides goods or services to an Arizona state agency; **AND**
3. You will receive payment from the State of Arizona.

Type of Request (Must select at least ONE)

☐ New Request | ☐ New Location (Additional Address ID) | ☐ Change (Select the type(s) of change from the following:

☐ Tax ID ☐ Legal Name ☐ Entity Type ☐ Minority Business Indicator
☐ Main Address ☐ Remittance Address ☐ Contact Information

Taxpayer Identification Number (TIN) (Provide ONE Only)

Social Security Number (SSN) _____ **OR** Federal Employer Identification Number (FEIN) _____

Entity Name (* Must Provide Legal Name. Must match SSN or FEIN given. If Individual or Sole Proprietorship enter First, Middle, Last Name.)

Legal Name* _____

DBA Name _____

Entity Type (Must Select One of the Following)

- ☐ Individual/Sole Proprietor or single-member LLC (6I)
- ☐ Corporation (5A)
- ☐ Partnership (5C)
- ☐ Limited liability company (LLC) including Corporations & Partnerships (5A)
- ☐ An international organization or any of its agencies/instrumentalities (5U)
- ☐ The US or any of its political subdivisions or instrumentalities (2G)
- ☐ A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)
- ☐ Other: Tax Reportable Entity (5P)
- ☐ Other: Tax Exempt Entity (5H)

Description _____

Minority Business Indicator (Must select one of the following)

- ☐ Small Business (01)
- ☐ Small Business- African American (23)
- ☐ Small Business- Asian (24)
- ☐ Small Business - Hispanic (25)
- ☐ Small Business- Native American (27)
- ☐ Small Business- Other Minority (05)
- ☐ Small, Woman Owned Business (06)
- ☐ Small, Woman Owned Business- African American (29)
- ☐ Small, Woman Owned Business- Asian (30)
- ☐ Small, Woman Owned Business- Hispanic (31)
- ☐ Small, Woman Owned Business- Native American (33)
- ☐ Small, Woman Owned Business- Other Minority (11)
- ☐ Woman Owned Business (03)
- ☐ Woman Owned Business- African American (17)
- ☐ Woman Owned Business- Asian (18)
- ☐ Woman Owned Business- Hispanic (19)
- ☐ Woman Owned Business- Native American (21)
- ☐ Woman Owned Business- Other Minority (08)
- ☐ Minority Owned Business- African American (04)
- ☐ Minority Owned Business- Asian (32)
- ☐ Minority Owned Business- Hispanic (74)
- ☐ Minority Owned Business- Native American (15)
- ☐ Minority Owned Business- Other Minority (02)
- ☐ Non-Profit, IRC §501(c) (88)
- ☐ Non-Small, Non-Minority or Non-Woman Owned Business (00)
- ☐ Individual, Non-Business (00)

Veteran Owned Business? ☐ YES ☐ NO

Main Address (Where tax information and general correspondence is to be mailed)

Address _____

City _____ State _____ Zip code _____

Remittance Address (Where payment is to be mailed) ☐ Same as Main

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip code _____

Vendor Contact Information

Name _____ Title _____

Phone # _____ Ext. _____ Fax _____ Email _____

Certification

☐ Exempt from backup withholding

Under Penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) 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 Internal Revenue Service (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 U.S. person (including U.S. resident alien).

Certification instructions. 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.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature _____ **Title** _____ **Date** _____

Return completed form to the state agency with whom you do business, for review and authorization.

STATE OF ARIZONA AGENCY USE ONLY - AGENCY AUTHORIZATION — VENDOR: DO NOT WRITE BELOW THIS LINE

State HRIS EIN _____ Print Name _____ Signature _____

AGY _____ Title _____ Phone # _____ Email _____ Date _____

STATE OF ARIZONA GAO USE ONLY — VENDOR & STATE AGENCY: DO NOT WRITE BELOW THIS LINE

☐ IRS TIN Matching ☐ HRIS ☐ Other Vendor Number _____ Processed by _____ Date Processed _____

Instructions for the State of Arizona Substitute W-9 & Vendor Authorization Form

General instructions:

1. Form GAO-W-9 should be completed by computer (electronically).
2. Vendor must type or legibly print all 'Required' fields and submit to the State of Arizona agency they do business with for their review and authorization of the form.

Specific instructions:

Type of Request
Select the type of request being made. Select only one, the choices are: 1) New Request, 2) New Location or 3) Change. If selecting Change, please identify what fields have changed since the previous submission. Check all changes that apply: Tax ID, Legal Name, Entity Type/1099 Classification, Minority Business Indicator, Main Address, Remittance Address or Contact Information.

Taxpayer Identification Number (TIN)

Social Security Number (SSN) OR Federal Employer Identification Number (FEIN)
Required. Enter your 9 digit Social Security Number (SSN) **OR** Federal Employer Identification Number (FEIN). This is your Taxpayer Identification Number (TIN) as assigned by the Internal Revenue Service (IRS) or Social Security Administration (SSA).

Entity Name

Legal Name
Required. Enter the name corresponding to the TIN given. Name must be the same as registered with the Internal Revenue Service (IRS) or Social Security Administration (SSA).

- **Individuals**: Enter First Name, Middle Name, Last Name
- **Sole Proprietorships**: Enter First Name, Middle Name, Last Name
- **ALL Others**: Enter Legal Name of the Business.

DBA Name
Optional. **Doing Business As (DBA)** For the remittance address, enter a DBA, branch name or location if applicable. Also enter any continuation of the Name or Business Name if needed.

Entity Type/1099 Classification
Required. Check only ONE entity type for the TIN given. If State of Arizona employee is selected, you must provide your State of Arizona Human Resources Information Solution (HRIS) Employee Identification Number (EIN). Board Members should select State of Arizona employee only if they have a State of Arizona HRIS EIN, otherwise select Individual/Sole Proprietor. If "Other" is selected, please provide a Description for your business.

Minority Business Indicator
Required. Select the most detailed description for your business. Only one selection can be made. If none apply, select the second from last description of Non-small, Non-Minority or Non-Women Owned Business (00). For non-businesses, please select the last option of Individual, Non-Business (00).

To be classified as a Small, Minority, Women-owned, or Disadvantaged Business Enterprises, a company must meet all qualifying standards and be at least 51 percent owned, operated, and controlled by the qualifying person or persons. For additional information and definitions, refer to the following web site:
http://www.azcommerce.com/small-business/checklist-items/i-would-like-information-on-types-of-certification

Veteran Owned Business-
Required Check either Yes if the business is a Veteran Owned Business or No if the business is NOT a Veteran Owned Business.

Instructions for the State of Arizona Substitute W-9 & Vendor Authorization Form

Main Address-Required and Remittance Address-Optional

Check `Same as Main' if the Remit to Address is the same as the Main Address entered.

Address (NOTE: an additional Address line is available for Remittance Address)

Required. Enter under the `Main Address' an address where tax information and general correspondence is to be mailed. Enter under Remittance Address an address where payments should be made. Foreign addresses should enter full address here.

City

Required. Enter your city.

State

Required. Select your state from the drop-down list. If you are using an address outside of the U.S., select XX-Foreign address.

Zip code

Required. Enter your 5 digit zip code. A 4 digit add on is optional. If completing online, do not enter a dash. If foreign address, do not complete field and enter full address in the address line.

Contact Information-Required

Name

Required. Enter contact name. The person indicated will be contacted for payment related questions or issues.

Title

Optional. If the form is completed on behalf of a business, please enter your title.

Phone#

Required. Enter the contact's phone number including area code. If competing online, enter 9 numeric characters ONLY, do not enter any dashes, parenthesis or other special characters.

EXT

Optional. Enter the contact's phone number extension, if applicable.

email

Optional. Enter the contact's email address. Must be in the format: email@address.com.

Fax

Optional. Enter the contact's fax number. If completing online, enter 9 numeric characters ONLY, do not enter any dashes, parenthesis or other special characters.

Certification

Exempt from backup withholding

Optional. Check box if you are exempt from backup withholding (Individuals and soleproprietors are NOT exempt from backup withholding. Corporations are exempt from backup withholding for certain types of payments). Refer to IRS W-9 instructions for additional information.

Signature

Required. Signature should be provided by the individual, owner, officer, legal representative, or other authorized person of the entity listed on the form. Certain exceptions to the signature requirement are listed in the IRS instructions for form W-9.

Title

Required. Enter the title of the person who signed/certified the form.

Current Date

Required. This field will default to the current date if form is completed electronically.

Do not complete any remaining fields; they are reserved for use by the State of Arizona.

Additional Information

For additional information concerning certification requirements for the substitute W-9 form, refer to the instructions for the Internal Revenue Service form W-9 at: **www.irs.gov**.

DOUGLAS A. DUCEY
Governor

MICHAEL TRAILOR
Director

STATE OF ARIZONA
DEPARTMENT OF HOUSING

1110 WEST WASHINGTON, SUITE 280
PHOENIX, ARIZONA 85007

(602) 771-1000 WWW.AZHOUSING.GOV
FAX: 602-771-1002

APPLICATION FOR MOBILE HOME REHABILITATION PERMIT

Fee of $49.00 must accompany this application

OWNER INFORMATION

Name: _____
Last **First**

Telephone Number: _____

Mailing Address: _____

_____

Email Address: _____

MOBILE HOME INFORMATION

Mobile Home Park _____

Site Address _____

_____

Manufacturer _____

Year of Manufacturer _____

Make of Model _____

Size _____ X _____

Serial Number _____

- **All rehabilitation work performed <u>must</u> remain open to view for inspection purposes**
- **A final test <u>must</u> be performed in the presence of the Inspector**
- **Application fee includes Insignia of Approval and two (2) field inspections;**
  Additional field inspections are charged at the rate of $82.00 per hour plus $0.445 per mile
- **If the rehabilitation work will be performed by someone other than the Owner,**
  Please complete the following information:

Name:_____

License Number:_____

Telephone Number: _____

_____ _____
Signature of Applicant **Date of Signature**

Fee is non-refundable; permit expires six (6) months from date of issue

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" (State Statute 41-2195, C).

REQUIREMENTS (as set forth in 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. 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 dying 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, 602 364 1067

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
- Call to request inspection 602 364 1067

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.") § 41-2157. By signing this form, I certify that I am a tenant as defined in A.R.S. § 41-2157 and eligible to receive assistance.

_____ _____ _____
(Signature of Owner) (Date) (Social Security No.)

OWNERS NAME:_____
(Please Print)

PARK NAME:_____

UNITADDRESS:_____ Space #:_____

CITY:_____ State:_____ Zip Code:_____

Phone Number:_____ Unit year:_____ Manufacturer:_____

How long have you lived in the unit?_____ Do you plan on living 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:

RELOCATION FUND,
ARIZONA DEPARTMENT OF HOUSING
1110 W. Washington, Suite #280
Phoenix, Arizona 85007
joni.cage@azhousing.gov

NAME	RELATIONSHIP	SOCIAL SECURITY#

ARIZONA REVISED STATUTE (A.R.S.") § 41-2157

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.

The following figures are the 2016 Health and Human Services poverty guidelines which were published in the *Federal Register* on January 25, 2016

2016 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 $4,160 for each additional person.	
1	$11,880
2	16,020
3	20,160
4	24,300
5	28,440
6	32,580
7	36,730
8	40,890