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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

The fee required for the Rehabilitation Permit for the period of July 1, 2018 through June 30, 2019 is found on the Department's website: https://housing.az.gov/sites/default/files/FEE-SCHEDULE-2018_2019_0.pdf

REHABILITATION REQUIREMENTS

Arizona Administrative Code R4-34-606

A. A Rehabilitation Permit shall be obtained from the office prior to any modification of the unit.

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 bedrooms and the 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 on a wall 4 inches to 12 inches below the ceiling.

2. The walls, ceilings and doors of each gas fired furnace, and water heater shall be lined with 5/16 in 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 an exterior exit door, or at least 1 outside egress window, or other approved exit device unless it has an exterior door. The window or exit shall have at least 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 (GFI) type. Conductors of dissimilar metals (Copper/Aluminum, or Copper Clad Aluminum must be connected in accordance with NEC Section 110-14; and

C. The unit's gas piping shall be tested with the appliance valves removed from the piping system, and piping capped at those areas. The piping system shall withstand a pressure of at least 6-inch mercury, or 3-PSI gauge for a period of not less than 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 1/10 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 UMC Chapter 8.

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D. The unit shall be inspected by the office to ascertain compliance with Subsection B.

E. The Office shall issue a certificate of compliance for each unit in compliance with Subsection B, and affix an insignia of approval to the exterior wall nearest the point of entrance of the electrical service.

F. Upon a request the office shall issue a waiver for a unit that does not qualify as a mobile home. The category of the unit shall be determined by inspection of the unit or presentation of acceptable documents. The waiver fee is applicable if the category of the unit can be determined to qualify for exemption. If an inspection of the unit is necessary to determine its category, the inspection fee shall apply.

G. A person served with a correction notice shall make the required corrections within the time period specified in the notice. The time period shall be determined by the office based on the severity of the hazard, or violation and the time reasonably needed to make the correction. A minimum of 30 days shall be allowed unless an imminent safety hazard is found, or if the correction has been unreasonably delayed. In either event, an ORDER TO VACATE shall be issued to the person occupying the unit.

H. A person occupying a non-rehabilitated unit shall be served with an ORDER TO VACATE that unit within 5 days if on inspection the unit is found to contain an imminent safety hazard.

REVIEW THE FEDERAL POVERTY LEVEL GUIDELINE TABLE TO DETERMINE IF YOU ARE ELIGIBLE FOR FINANCIAL ASSISTANCE FOR THE REHABILITATION OF A MOBILE HOME

48 States and the District of Columbia 2018 Federal Poverty Level (FPL) Guideline Table	
Family Size	**100%**
1	$12,140
2	$16,460
3	$20,780
4	$25,100
5	$29,420
6	$33,740
7	$38,060
8	$42,380
9	$46,700
10	$51,020
Additional	$4,180.00

If the household income of the owner is equal to or less than the chart above, please fill out the **Request for Financial Assistance for the Rehabilitation of a Mobile Home** form completely, and return it to the Department of Housing along with a copy of your last year's **Federal Income Tax Return.**

ARIZONA DEPARTMENT OF HOUSING
REQUEST FOR FINANCIAL ASSISTANCE
FOR THE REHABILITATION OF A MOBILE HOME

I hereby request assistance from the Mobile Home Relocation fund as set forth in ARS § 41-4008, by signing this form, I certify that I am the homeowner and eligible to receive assistance based on income eligibility.

Signature of Owner:	**Date:**	**Social Security No.:**
Owner Name:	**Phone No.:**	
Applicant Email Address:		
Park Name:		
Unit Address & Space No.:		
City/State/Zip Code:		
Unit Manufacturer:		Unit Year:
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 $:	No. of immediate family members you support living in the unit (including yourself):	
Mailing address if different from where unit is located:		

NOTE: 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.

NAME	RELATIONSHIP	SOCIAL SECURITY #

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, Paycheck Stubs, Welfare Benefits, Social Security, all sources of income you may receiving.