

Acc. # \_\_\_\_\_

YEAR \_\_\_\_\_  
**MANUFACTURED HOME RENDITION  
ROGERS COUNTY**

NAME \_\_\_\_\_ SPOUSE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

SITUS ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

Land Owner or Park Name: \_\_\_\_\_ Lot # \_\_\_\_\_

Legal Description: \_\_\_\_\_

**WHO MUST FILE:** Owners of Manufactured Homes are required to list with their County Assessor between January 1 - March 15 each year for Personal Property Ad Valorem Assessment. Owners who own the Manufactured Home and the Land on which it is located on may file for Homestead Exemption providing it is their principle residence as of January 1. Housing and Land will be assessed as Real Estate. Payment of Ad Valorem tax is in lieu of annual tag purchase. A current year decal will be issued by the County Treasure upon payment of Ad Valorem tax..

**PENALTIES:** Failure to file by March 15th will subject owner/s to a mandatory penalty of 10%. If not filed by April 15th the penalty increases to 20%.

**MANUFACTURED HOME DESCRIPTION**

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Size \_\_\_\_\_ X \_\_\_\_\_

VIN # (Serial #) \_\_\_\_\_ Title # \_\_\_\_\_

Mfg. Home Exterior (Please check correct squares):  Metal  Masonite  Vinyl  Other

Roofing:  Metal  Shingles

Central H/A:  Yes  No

Purchase Price \_\_\_\_\_ Year you purchased \_\_\_\_\_ Last Registration/Taxes Paid \_\_\_\_\_

Tag # \_\_\_\_\_ Decal # \_\_\_\_\_ Year \_\_\_\_\_

Appraised Value \_\_\_\_\_

Total Assessed \_\_\_\_\_

Assessed Value \_\_\_\_\_

Penalty \_\_\_\_\_

(Assessment Ratio 11 %)

Exemptions \_\_\_\_\_

Net Assessed \_\_\_\_\_

**OATH.** I, the undersigned affiant, do solemnly swear and affirm under penalties of perjury that I have rendered true answers as shown herein contained according to the best of my knowledge and belief. Affiant further sayeth that in the event I have made application for homestead exemption I depose and say that no part of the above listed property has been conveyed or transferred to me for the purpose of evading taxes and that I am entitled to Homestead Exemption as claimed.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Assessor/Deputy \_\_\_\_\_

Date \_\_\_\_\_

**If you are aggrieved by this assessment you may, within 10 days after the date of this notice, file a written complaint with the County Clerk as Secretary of the Equalization Board. The Board will then fix a date for hearing your complaint.**