



Beltrami County Assessor's Office
701 Minnesota Ave NW Suite 130
Bemidji, MN 56601
Ph.: 218.333.4110
Fax: 218.333.8427

MOBILE HOME HOMESTEAD APPLICATION

DATE OF APPLICATION _____ PARCEL # _____

NAME/NAMES OF OWNERS _____

MAILING ADDRESS OF OWNER _____

SITE ADDRESS _____

DESCRIPTION OF UNIT:

MAKE _____ MODEL _____ YEAR _____

SERIAL#(VIN) _____ WIDTH/LENGTH _____ COLOR _____

ADDITIONS: DECKS, PORCH, GARAGE (DESCRIBE AND GIVE SIZES)

BEDROOMS _____ # BATHROOMS _____ SIDING _____ HEAT _____

DATE OF PURCHASE _____ PURCHASED FROM _____ PURCHASE AMOUNT _____

MH IS USED AS: CHECK ONE: OWNER OCCUPIED _____ SEASONAL _____ RENTAL _____

XX

PLEASE COMPLETE IF UNIT IS OWNER OCCUPIED

DO YOU CLAIM BELTRAMI COUNTY AS YOUR VOTING RESIDENCE? YES NO

WHAT IS YOUR ADDRESS IN WHICH YOU FILE INCOME TAX RETURNS? _____

DATE MOBILE HOME WAS OCCUPIED? _____

I/WE DECLARE UNDER PENALTIES OF CRIMINAL LIABILITY FOR MAKING A FALSE STATEMENT (MSA 609.41) THAT THIS DECLARATION HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF; IT IS A TRUE AND CORRECT STATEMENT.

SIGNATURE OF OWNER/OCCUPANT

SOCIAL SECURITY # OF OWNER/OCCUPANT

SIGNATURE OF OWNER/OCCUPANT

SOCIAL SECURITY # OF OWNER/OCCUPANT

DAYTIME PHONE NUMBER _____