

OTC 935-MH <small>Revised 9-2011</small>	State of Oklahoma MANUFACTURED HOME RENDITION _____ County Return to County Assessor by March 15	Tax Year _____
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Real Estate Account: _____ Personal Property Account: _____ Name: _____ Mailing Address: _____ City, State, Zip: _____	All taxable property in Oklahoma is required to be rendered to the county assessor between January 1 and March 15 of each year by the owner or person in control of such property. Property rendered after March 15 but before April 15 shall have a mandatory ten percent penalty applied. Property rendered after April 15 shall have a twenty percent penalty applied.
PLEASE PRINT OR TYPE	

LEGAL	School District
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MUST PROVIDE COPY OF ORIGINAL TITLE

Manufacturer: _____ Serial Number/VIN: _____

Year Manufactured: _____ Oklahoma Title Number: _____

Length: _____ Width: _____

Value of Manufactured Home: _____

Are you residing in this Manufactured Home?..... Yes No

Are you or your spouse currently in the military and claiming legal residency in another state? Yes No

If yes, please provide proof and contact your tag agency for a military tag.

OTHER IMPROVEMENTS - Porch, deck, carport, etc.

Type	Description	Value

NOTICE - If the manufactured home has been moved or sold, please contact this office immediately. The manufactured home will remain on the tax rolls with the tax liability under your name until this office is provided with the appropriate documentation of the move or sale.

EXEMPTION - Any person sixty-two (62) years of age or older, who is head of household, whose annual gross income did not exceed ten thousand dollars (\$10,000). Complete Form OTC Form 952 and file with your county assessor. (Ref. [www.tax.ok.gov/advalorem/forms/general forms/](http://www.tax.ok.gov/advalorem/forms/general%20forms/))

Don't Forget to Sign 	I the undersigned, affirm and attest, that all information provided and herein contained are true, correct and complete.	
	Signature of Taxpayer _____	Date _____
	Signature of Preparer _____	Preparer's Address _____
	Preparer's Identification Number _____ Phone Number _____	Preparer's City, State, Zip _____

<p>ASSESSOR ONLY: TOTAL OF VALUE</p> <p>Assessor/Deputy _____</p> <p>Date _____</p>	<table style="width:100%;"> <tr><td>Total Fair Cash Value</td><td>\$ _____</td></tr> <tr><td>X Assessment _____ %</td><td>\$ _____</td></tr> <tr><td>Less Exemptions</td><td>\$ _____</td></tr> <tr><td>Penalty _____ %</td><td>\$ _____</td></tr> <tr><td>Net Assessed Value</td><td>\$ _____</td></tr> </table>	Total Fair Cash Value	\$ _____	X Assessment _____ %	\$ _____	Less Exemptions	\$ _____	Penalty _____ %	\$ _____	Net Assessed Value	\$ _____
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