Commonwealth Real Estate Services

18150 SW Boones Ferry Road Portland, OR 97224 (503) 244-2300 (503) 768-4660 Fax

MOBILE HOME OWNERSHIP **FORM INFORMATION** 25

DATE:	COMMUNITY NAME:			
RESIDENT INFORMATION				
NAME OF ALL INDIVIDUA	LS RESIDING IN THE HOME (incli	uding Roommates &		
		3		
RESIDENT ADDRESS:			SPACE #:	
	COUNTY			
	rent than above:		_	
	WORK #:			
REGISTERED OWNER OF	HOME INFORMATION			
NAME OF LEGAL REGIST	ERED OWNER OF HOME if differen	ent than Resident Name		
OWNERS ADDRESS:			SPACE #·	
	COUNTY			
	rent than above:			
	Tent than above.			
	WORK #:			
	WOKK#:			
MANUFACTURED HOME I	NFORMATION			
MAKF.	X-PLA1			
	N #:			
	LENGTH: _			
LIENHOLDER INFORMATI	ON (Bank/Finance Company)			
		ACCOUNT #		
	ONE #:			
	O112			
EMERGENCY CONTACT II	NFORMATION – Person to contac	ct in the event of an	emergency	
	WORK #:		CELL #·	
	WORK#.			
LIVI/VIL.				
MISCELLANEOUS INFORM	MATION – PETS & VEHICLES			
	YEAR:	MAKF.	MODEL:	
	YEAR:			
	TYPE: DOG or CAT			
	TYPE: DOG or CAT			
ANY ADDITIONAL INFORM		2200m nom		
, at a ABBITIONAL INI OKI	MATION.			