

**FLORIDA MOBILE HOME RELOCATION CORPORATION**

**FORM 1001: HOMEOWNER APPLICATION FOR PAYMENT OF RELOCATION  
EXPENSES**

**FAILURE TO COMPLETE ALL SECTIONS AND ATTACH THE REQUIRED  
DOCUMENTATION MAY RESULT IN THE REJECTION OF YOUR APPLICATION.**

**NAME OF APPLICANT(S):** \_\_\_\_\_

**ADDRESS (Address You Are Leaving):**

\_\_\_\_\_  
**LOT#:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**TELEPHONE NUMBER:** (     ) \_\_\_\_\_

**CHECK ONE:**     **SINGLE- SECTION HOME** \_\_\_\_\_  
                          **MULTI-SECTION HOME\*** \_\_\_\_\_

\*If applying for relocation expenses for a multi-section home, proof of ownership for all sections of the home must be included with your application.

**NAME AND ADDRESS OF MOBILE HOME PARK LEAVING:** \_\_\_\_\_

\_\_\_\_\_  
**LICENSE NUMBER OF INSTALLER:** \_\_\_\_\_

**HAVE YOU ENTERED INTO AN AGREEMENT TO BE PAID OR HAVE YOU BEEN  
PAID BY YOUR PARK OWNER ANY EXPENSES RELATED TO RELOCATING OR  
ABANDONING YOUR HOME? IF YES, PLEASE EXPLAIN AND ATTACH  
DOCUMENTATION:** \_\_\_\_\_

\_\_\_\_\_  
**ARE YOU A PARTY OR PARTICIPANT IN ANY LAWSUIT AGAINST YOUR PARK  
OWNER? IF YES, PLEASE EXPLAIN AND ATTACH DOCUMENTATION:** \_\_\_\_\_

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**YOU MUST ATTACH THE FOLLOWING:**

- ( ) A COPY OF THE NOTICE OF EVICTION
- ( ) A SIGNED COPY OF INSTALLER'S FORM, FORM 1007
- ( ) A COPY OF THE SIGNED CONTRACT WITH THE MOBILE HOME INSTALLER (OPTIONAL)
- ( ) APPLICANT PROOF OF OWNERSHIP (COPY OF CERTIFICATE OF TITLE FOR ALL SECTIONS OF THE HOME)
- ( ) A SIGNED AND COMPLETED COPY OF FORM 1008, ACKNOWLEDGEMENT OF NON-PARTICIPATION IN LITIGATION AND ACKNOWLEDGEMENT OF NON-ACCEPTANCE OF COMPENSATION FROM PARK OWNER.

**NOTE: ALL APPLICANTS WHOSE NAMES APPEAR ON THE CERTIFICATE OF TITLE MUST SIGN THE APPLICATION.**

**\*\*Pursuant to s. 723.0612(10), FS, it is unlawful for any person or his or her agent to file any notice, statement or other document required under this section which is false or contains any material misstatement of fact. Any person who violates this subsection commits a misdemeanor of the second degree punishable as provided in s. 775.082 or s. 775.083.**

**RETURN APPLICATION TO:**

**FLORIDA MOBILE HOME RELOCATION CORPORATION  
POST OFFICE BOX 3047  
TALLAHASSEE, FL 32315-3047**

I hereby request assistance from the Florida Mobile Home Relocation Corporation as set forth in Sections 723.06116 and .0612, F.S. By signing this form, I certify that I am a homeowner who is eligible to receive assistance and that I have mailed a copy of this form to my park owner.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)