

FLORIDA MOBILE HOME RELOCATION CORPORATION

**FORM 1002: HOMEOWNER APPLICATION FOR PAYMENT FOR
ABANDONED MOBILE HOME**

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

NAME OF APPLICANT(S):

ADDRESS YOU ARE LEAVING:

LOT #: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE NUMBER: (____) _____

CHECK ONE: **SINGLE-SECTION HOME** _____
 MULTI-SECTION HOME* _____

*If applying for abandonment funding for a multi-section home, copies of titles for all sections of the home must be included with your application.

NAME AND ADDRESS OF MOBILE HOME PARK LEAVING: _____

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: _____

YOU MUST ATTACH THE FOLLOWING:

- () A COPY OF THE NOTICE OF EVICTION
- () A COPY OF THE TITLE TO ALL SECTIONS OF THE MOBILE HOME DULY ENDORSED TO THE PARK OWNER AND SHOWING SATISFACTION OF ANY LIENS ON THE TITLE CERTIFICATE(S)
- () A SIGNED AND COMPLETED COPY OF THE ACKNOWLEDGEMENT OF NON-PARTICIPATION IN LITIGATION AND ACKNOWLEDGEMENT OF NON-ACCEPTANCE OF COMPENSATION FROM PARK OWNER, FMHRC FORM 1008
- () FMHRC FORM 1009 WITH EITHER A SIGNATURE OF THE PARK OWNER IN SECTION 2(A) OR THE APPLICANT HAS COMPLETED SECTION 2(B)

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.**

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)

**RETURN APPLICATION TO:
FLORIDA MOBILE HOME RELOCATION CORPORATION
POST OFFICE BOX 3047
TALLAHASSEE, FL 32315-3047**