

RESIDENTIAL EXEMPTION

MANUFACTURED HOME ACT, section 21

Telephone: 1 877 526-1526 Mailing Address: PO Box 9431 Stn Prov Govt Courier Address: 200 – 940 Blanshard Street Www.bcreg.ca Victoria BC V8W 9V3 Victoria BC V8W 3E6

This Residential Exemption application is for a manufactured home that is capable of being used for residential accommodation and which is located on or intended to be attached to land owned or leased by an owner of the manufactured home for a term of at least 3 years.

If this application is accepted, the registrar will issue an order exempting the manufactured home from certain provisions of the *Manufactured Home Act*. For example, changes in ownership of the manufactured home need not be registered in the Manufactured Home Registry. An exemption order may affect how the manufactured home and the land where it is located are taxed.

Freedom of Information and Protection of Privacy Act (FOIPPA) – Personal information provided on this form is collected, used and disclosed under the authority of the FOIPPA and the Manufactured Home Act for the purposes of assessment. Questions regarding the collection, use and disclosure of personal information can be directed to the Executive Coordinator of the BC Registry Services at 1 877 526-1526, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.

NOTE: If the manufactured home is to be moved to land different from that identified in this application, or if a buyer wishes their ownership to be registered in the Manufactured Home Registry, then the exemption order expires, and the registration of the manufactured home must be restored.

X -	STAFF USE ONLY										
	DOCUMENT ID										
A	MANUFACTURED HOME REGISTERED OWNERS – Full name of owner(s) as shown on the Manufactured Home Register										
3	MANUFACTURED HOME INFORMATION										
	MH REGISTRATION NUMBER				AL NUMBER						
	YEAR OF MANUFACTURE MAKE				MODEL						
3	LOCATED AT										
	CIVIC ADDRESS STREET NO.	S STREET NAME			CITY/TOWN				PROVINCE		POSTAL COD
	MUST PROVIDE Legal Land Description. If applicable, provide Park Name.										
)	SUBMITTING PA	NRTY - Man	datory to co	mplete this se	ection.						
				MIDDLE NAM			LAST NAME				
	OR - BUSINESS NAME										
	MAILING ADDRESS										
	CITY				PROVINCE			P		AL CODE	
	TELEPHONE ()		EMAIL								
	ATTENTION TO (op	otional)						FILE REF	ERENCE FOLIO	NUMB	ER (optional)

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E DECLARATION AND SIGNATURE OF REGISTERED HOME OWNER(S)

Under section 21 of the *Manufactured Home Act*, the registered owner(s) request that the manufactured home be exempt from all of the provisions of the *Manufactured Home Act* except section 32.

I/we declare the following:

- 1. The manufactured home is located on and intended to be attached to land, and at least one registered owner of the manufactured home is registered in the land title office as either (a) an owner of the fee simple interest in the land or (b) a tenant pursuant to a lease for a term of not less than 3 years. A copy of a current (dated within 30 days) land title search showing at least one registered homeowner is attached.
- 2. Each lessor-owner or other secured party with a security interest in the manufactured home who registered a financing statement in the personal property registry under the *Personal Property Security Act* using the registration number assigned under the *Manufactured Home Act* consents to this exemption application.

All registered homeowners or their duly authorized representatives must sign the application. – Please attach an additional sheet if more space is required.

Each of the undersigned declare that they are duly authorized to sign this application as or on behalf of a homeowner.

HOMEOWNER FIRST AND LAST NAME	BUSINESS NAME (if applicable)		SIGNATURE		DATE SIGNED (YYYY/MMM/DD)	
			X			
HOMEOWNER FIRST AND LAST NAME	BUSINESS NAME (if applicable)		SIGNATURE		DATE SIGNED (YYYY/MMM/DD)	
			X			
HOMEOWNER FIRST AND LAST NAME	BUSINESS NAME (if applicable)		SIGNATURE		DATE SIGNED (YYYY/MMM/DD)	
			X			
HOMEOWNER FIRST AND LAST NAME	BUSINESS NAME (if applicable)		SIGNATURE		DATE SIGNED (YYYY/MMM/DD)	
			X			
WITNESS INFORMATION						
FIRST NAME	MIDDLE NAME	LAST NAME		OCCUPATION		
STREET ADDRESS	CITY			PROVINCE		
SIGNATURE OF WITNESS					DATE SIGNED (YYYY/MMM/DD)	
X						

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