



**MANUFACTURED/MOBILE HOME-REPORTING FORM 7-36-26[3.6.5.33]**

Valencia County Assessor  
P.O. Box 909  
Los Lunas, NM 87031

Assessor: Beverly Dominguez Romero

phone: 505-866-2065 fax: 505-866-2025

7-36-26(D) Any person who intentionally refuses to make a report required of him/her under this section or who knowingly makes a false statement in a report required under this section is guilty of a misdemeanor and shall be punished by the imposition of a fine of not more than one thousand dollars (\$1000).

**This office has been advised that a mobile home listed in your name has been moved into Valencia County. By statute this mobile home may need to be placed on the tax rolls in Valencia County for the coming tax year. Fill in the form below so that our records can reflect the correct information. Thank you for your immediate attention to this matter.**

Today's Date: \_\_\_\_\_ Date of purchase: \_\_\_\_\_ Year mobile home moved on property: \_\_\_\_\_

1. Owner's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Owner's mailing address: \_\_\_\_\_

3. Mobile home's location (address): \_\_\_\_\_

4. License number: \_\_\_\_\_ Identification number(VIN): \_\_\_\_\_

5. Name of manufacturer: \_\_\_\_\_ Mobile home's make: \_\_\_\_\_

6. Year model: \_\_\_\_\_ Size: \_\_\_\_\_ X \_\_\_\_\_ is the mobile home new or used? New \_\_\_\_\_ Used \_\_\_\_\_

7. Purchase price of the mobile home: \$ \_\_\_\_\_ Price of Land(mobile home/ land package) \$ \_\_\_\_\_

8. Is the mobile home owner or tenant (rented) occupied? Owner \_\_\_\_\_ Tenant \_\_\_\_\_

**For the home owner:** Please check (✓) all that apply:

Number of bathrooms:	1___	1.5___	1.75___	2___	2.5___	2.75___	3___
Heating/ air condition:	heat pump___	forced air heat___	evaporative cooling___	window refrigeration air cond. ___			
Fireplace/ woodstove:	yes___	no___	Clothes washer & dryer hookup:	yes___	no___		
Built-in appliances:	dishwasher___	refrigerator___	range hood & fan___	garbage disposer___			
Mobile home siding:	metal___	Masonite board___	other___				
Mobile home roof:	shingle___	corrugated metal___	metal sheet with seams___				
Mobile home skirting:	vinyl___	brick___	metal___	other___	none___		
<b>This line for office use only: Mobile home grade: low___ fair___ average___ good___ very good___ excellent___</b>							
<b>Effective Age ___ in 20 ___</b>							

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_