

# APPLICATION FOR RESIDENTIAL EXEMPTION

MANUFACTURED HOME ACT (Section 21)

Telephone: **250 356-8609**

For additional information, please visit our  
Web site at: [www.fin.gov.bc.ca/registries](http://www.fin.gov.bc.ca/registries)

**Note: An Exemption Order cannot be issued until all encumbrances filed in the Personal Property Registry have been discharged or a written consent from each lender is provided.**

**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 250 356-1198, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.

**A MANUFACTURED HOME REGISTERED OWNERS** – Full name of owner(s) as shown on the Manufactured Home Register

**B MANUFACTURED HOME REGISTRATION NO.**      **C DESCRIPTION OF HOME** – Make/Model or Serial No. and Year of Manufacture

**D LOCATED AT**

CIVIC ADDRESS

STREET NO.

STREET NAME

CITY / TOWN / VILLAGE / MUNICIPALITY

PROVINCE

POSTAL CODE

LEGAL LAND DESCRIPTION AND STRATA PARK NAME IF APPLICABLE

**E SIGNATURE OF REGISTERED OWNER(S)**

- The owner(s) of the manufactured home is/are also the registered owner(s) of the land described above.
- 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.

**All owners must sign the application** – Please attach an additional sheet if more space is required

SIGNATURE OF HOME OWNER	DATE SIGNED YYYY / MMM / DD	SIGNATURE OF HOME OWNER	DATE SIGNED YYYY / MMM / DD
X		X	
SIGNATURE OF HOME OWNER	DATE SIGNED YYYY / MMM / DD	SIGNATURE OF HOME OWNER	DATE SIGNED YYYY / MMM / DD
X		X	

**F WITNESS INFORMATION**

FIRST NAME

MIDDLE NAME

LAST NAME

OCCUPATION

STREET ADDRESS

CITY

PROVINCE

SIGNATURE OF WITNESS

X

DATE SIGNED  
YYYY / MMM / DD