



ANN H. THOMAS
Commissioner of the Revenue
COUNTY OF YORK, VIRGINIA

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REGISTRATION APPLICATION FOR A MOBILE HOME

Using this form, you may register your mobile home for Personal Property Taxation. In order to avoid a penalty for late or not filing, you must file on or before March 1st annually. You have 60 days from the date of purchase or move into York County to register your mobile home.

Form may be mailed, faxed or emailed

**Required Fields-registration cannot be accepted unless areas are complete*

TAXPAYER INFORMATION

Owner 1:

*Last Name: _____ *First Name: _____ Middle Initial: ____ Suffix: _____

Owner 2: (Required if more than one owner)

Last Name: _____ First Name: _____ Middle Initial: ____ Suffix: _____

*Mailing Address: _____ *City: _____ *State: ____ *Zip Code: _____

*Location of Mobile Home (please provide Mobile Home Park and Lot # or Street Address):

_____ *City: _____ *State: ____ *Zip Code: _____

MOBILE HOME INFORMATION

*Year: ____ *Make: _____ *Length: ____ *Width: _____

Title Number: _____ *Identification Number: _____

*Date Acquired: _____ *Purchase Price: \$ _____

*Was this mobile home located in York County on January 1st of the year in which you are filing?

- Yes
- No

If Yes, mobile home was owned by: ▪ You

▪ Previous owner; please provide name: _____

If No, mobile home was:

▪ Sold/disposed, please provide disposal date: _____

▪ Moved, please provide move date _____ and location: _____



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ACTIVE DUTY MILITARY INFORMATION

IMPORTANT: Exemption DOES NOT apply if property is owned jointly with dependent(s), other co-owner(s), or if property IS NOT in York County pursuant to Military Orders.

Documentation requested in "red" may be submitted by mail, fax or email

*Is a registered owner of this mobile home active duty military?

Owner 1: ▪ Yes (a copy of your current Leave & Earnings Statement (LES) is required) ▪ No
Owner 2: ▪ Yes (a copy of your current Leave & Earnings Statement (LES) is required) ▪ No

If jointly registered with a legal spouse that is not active duty military, complete the following:

Legal Spouse's Name: _____ (a copy of the front and back of spouse's military ID required)

Spouse's Legal State of Residence or Domicile: _____ (Example: driver's license, property tax bill or current voter registration card from the domicile state)

*Does Spouse reside in York County, VA ONLY pursuant to military orders of above listed active duty non-resident spouse?

▪ Yes ▪ No

*Daytime Phone Number: _____ *Email Address: _____

Declaration: I (we) declare that the statements and figures above are true, full and correct to the best of my (our) knowledge and belief. This registration cannot be accepted unless you initial or sign below.

(If submitting by EMAIL, this form must be initialed, which will be the equivalent of your signature)

*Owner 1 Initials: _____ Owner 2 Initials (If co-owned): _____ *Date: _____

(If submitting by MAIL or FAX, this form must be signed)

Owner 1 Signature: _____ Owner 2 Signature: _____

(It is recommended that you PRINT and/or SAVE a copy for your records)