DELAWARE MANUFACTURED HOME RELOCATION TRUST FUND - MHR-TAX

Pursuant to Chapter 70 of Title 25 of the Delaware Code, the owner of each manufactured home community must remit a monthly assessment for each rented lot to the Delaware Manufactured Home Relocation Trust Fund. Effective as of January 1, 2020, the monthly assessment will be \$4,50 per lot. The lot's owner will be responsible for \$2.50, less a credit of \$0.50, for a net amount due of \$2.00 for each lot. The lot's tenant will be responsible for a monthly assessment of \$2.50, which is to be collected by the landlord each month as additional rent. An assessment and the analysis and the second and the se assessment must be paid to the Trust Fund by both the tenant and the owner.

The Relocation Trust Fund has been created to financially assist manufactured-home owners forced to relocate due to land-use changes. The Fund will pay for the relocation of movable mobile homes, as well as for the removal and/or disposal of abandoned homes left in a community. The additional \$0.50 to be paid by the tenants each month will be used to fund the Manufactured Home Owner Attorney Fund.

Included with MHR-TAX is a Schedule 1 listing for delinquent tenants who have failed to pay their portion of the monthly Trust Fund assessment. Owners are required to report all delinquent tenants each quarter using the Schedule 1. Please photocopy the Schedule 1 if you need additional pages. Owners are still responsible for their portion of the assessment (\$2.00) for each month even if a tenant has failed to pay. **If a delinquent tenant pays for a prior quarter, please report it on Line** 4, Column B.

The assessment documents and payments are due the twentieth day after the close of each calendar quarter. Should you have any questions regarding the Assessment Form, please call the Division of Revenue at (302) 577-8681. For questions regarding the Authority, please call the Delaware Manufactured Home Relocation Authority at

Every owner and/or landlord of a manufactured-home community in Delaware must complete the enclosed Manufactured Home Relocation Trust Fund Form MHR-TAX and Schedule 1 on a quarterly basis. Please remit assessment form with payment to the following address: **DELAWARE DIVISION OF REVENUE | P.O. BOX 2340 | WILMINGTON, DE 19899-2340**

Please include the community name and address on each return. The community address should be the street address (no P.O. boxes) of the community in which the Manufactured Home Relocation Trust Fund payments were collected.

LINE-BY-LINE INSTRUCTIONS

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FORM MHR-	FAX (Formerly LQ9)
Column A	Insert the total number of manufactured-home lots rented each month on Lines 1, 2, and 3.
Column B	Insert the total assessment collected from tenants each month on Lines 1, 2, 3. Report any delinquent tenant payments from prior quarters on Line 4. Add Lines 1 through 4 and report their total in the fifth box under Column B.
Column C	Insert the total assessment collected from owners each month on Lines 1, 2, 3 and 4. Add Lines 1 through 4 and report their total in the fifth box under Column C.
Total Due.	Add together the totals from Column B and Column C and report this amount in the box provided.
Line 5	Add all 3 columns together and enter the Total in the Total column (Column D)
Line 6	Prior Period Carry Over - This line is to be used only if notified by the Authority of a credit on your account
FORM MHR-	DTR (SCHEDULE 1)
Step 1	If blank, enter the name of the Manufactured-Home Community Name (as used on Form MI-R-TAX) in the box provided.
Step 2	If blank, enter the "Account Number" from your Form MHR-TAX in the "Account Number" box provided, and the "Tax Period Ending Date" from Form MHR-TAX in the "Report for Quarter Ending" box provided.
Step 3	List on each row separately the Name, Address, Number of Months Delinquent and Total Amount due for each delinquent tenant.
Step 4	When you have finished listing all delinquent tenants, add up the "Total Amount Outstanding" column and report this amount in the TOTAL box located at the bottom of Schedule 1.

PLEASE NOTE: Form MHR-TAX and its accompanying MHR-DTR (Schedule 1) must be signed and dated by an authorized representative of the remitting taxpayer or manufacturedhome community. Photocopies or substitute documents will not be accepted.

TO REPORT ANY CHANGES TO YOUR PERSONAL INFORMATION PRINTED ON FORM MHR-TAX. PLEASE COMPLETE THE REQUEST FOR CHANGE FORM AT THE END OF THIS PACKET



DIVISION OF REVENUE MHR-TAX MANUFACTURED HOME RELOCATION TRUST FUND



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Revision 20200204

MAIL COMPLETED FORM WITH REMITTANCE PAYABLE TO: Delaware Division of Revenue PO Box 2340 Wilmington, DE 19899-2340



DIVISION OF REVENUE WITH A MANUFACTURED HOME RELOCATION TRUST FUND



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Revision 20200204

MAIL COMPLETED FORM WITH REMITTANCE PAYABLE TO: Delaware Division of Revenue PO Box 2343 Wilmington, DE 19899-2343



DIVISION OF REVENUE

MANUFACTURED HOME RELOCATION TRUST FUND

ACCOUNT NUMBER TAX YEAR PERIOD ENDING DUE 09/31 2020 10/20 **BUSINESS NAME & ADDRESS** Total Amount Collected From Tenant Due From Owner Total Number of ASSESSMENT BASIS TOTAL Lots Rented 1. JULY 2. AUGUST **COMMUNITY NAME & LOCATION ADDRESS** 3. SEPTEMBER 4. DELINQUENT PAYMENTS 5. TOTAL (ADD LINES 1 THROUGH 4) 6. PRIOR PERIOD CARRY OVER **TOTAL AMOUNT DUE (SUBTRACT LINE 6 FROM LINE 5) AUTHORIZED SIGNATURE** DATE EMAIL PHONE NUMBER

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Revision 20200204

MAIL COMPLETED FORM WITH REMITTANCE PAYABLE TO: Delaware Division of Revenue PO Box 2340 Wilmington, DF 19899-2340



MANUFACTURED HOME RELOCATION TRUST FUND

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MAIL COMPLETED FORM WITH REMITTANCE PAYABLE TO: Delaware Division of Revenue PO Box 2340 Wilmington, DE 19899-2340





DELAWARE MHR-DTR



MANUFACTURED HOME RELOCATION TRUST FUND

SCHEDULE 1 - Delinquent Tenant Report

NAME OF DELINQUENT TENANT	STREET ADDRESS	CITY	STATE	ZIP CODE	NO. OF MONTHS DELINQUENT	TOTAL AMOUNT OUTSTANDING
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MAIL COMPLETED FORM WITH REMITTANCE PAYABLE TO: Delaware Division of Revenue PO Box 2340 Wilmington, DE 19899-2340

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DELAWARE MHR-REQ



MANUFACTURED HOME RELOCATION TRUST FUND

DELAWARE MANUFACTURED HOME RELOCATION TRUST FUND - MHR-TAX REQUEST FOR CHANGE FORM

Use this form to make corrections or changes to your name, address, account number or taxable year-ending date. Also use this Request for Change form if you have gone out of business and indicate the date your business ceased operations.

Please Note: This Request for Change form only makes changes to your account in our Business Master File. If you need to make similar changes to any other accounts (Corporate, Sub S Corporate, License and/or Withholding accounts), please complete the Corporate Request for Change form, the Sub S Corporate Request for Change form, the License Request for Change form or the Withholding Request for Change form respectively for each type of tax. These forms can be found on our weosite at: **www.revenue.delaware.gov.**

STEP-BY-STEP INSTRUCTIONS

TEP 1: PLE	ASE ENTER YOUR INFORMATION AS IT APPEARS ON THE DIVISION OF REVENUE'S CURRENT RECORDS
Box A	Account Number – Please enter the Federal Tax Identification Number or SSN that the Delaware Division of Revenue currently has on file for you.
Box B	Business Name and Address — Please enter the business name and location address that the Delaware Division of Revenue currently lists as your business name and location address
TEP 2: FILL	-IN ANY FIELDS YOU WISH TO CHANGE ON THE REQUEST FOR CHANGE FORM BELOW
Field 1	Correct Business Activity – If you have changes to your current business activity, please enter your new or corrected business activity in Field 1.
Field 2	Account Number Change – If you wish to change the information in Box A, please enter your correct account number in Field 2. Otherwise, leave Field 2 blank.
Field 3	Effective Date - Please enter the date you would like this Request for Change form to go into effect.
Field 4	Reason for Change – Please enter the reason for submitting this Request for Change form (i.e. out of business, incorporated, moved).
Field 5	Sole Propietors Only – Please enter your current Social Security Number if you are a sole proprietor. If you are not a sole proprietor, please leave Held 5 blank.
Field 6	Correct Community Address — If you wish to change the information in Box B, please enter your correct location address in Field 6. Ctherwise, leave Field 6 blank.
Field 7	Correct Mailing Address – Please enteryour correct mailing acdress.

If you have any questions, please call the Delaware Division of Revenue Business Master File Section at 302-577-8778



DELAWARE MHR-REQ



MANUFACTURED HOME RELOCATION TRUST FUND

REQUEST FOR CHANGE

New Booklets Will Be Issued for Account No. & Bus. Code Group Changes Only

1. CORRECT BUSINESS ACTIVITY 2. ACCOUNT NO.	CHANGE 3. EFFECTIVE	DATE 4. REAS	ON FOR CHANGE	
A ACCOUNT NO.	6. CORRECT BUSINESS LOCA	ION ADDRESS		
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MAIL COMPLETED FORM TO:

Delaware Division of Revenue
PO Box 2340
Wilmington, DE 19899-2340