

Form PTR-1B

Mobile Home Owners

Verification of 2020 and 2021 Mobile Home Park Site Fees
(Applicant completes Parts I and III. Mobile home park owner or manager completes Part II.
Use blue or black ink. See instructions for completion on back.)

Part I — To Be Completed by Applicant

Social Security # \_\_\_\_\_ Spouse's/CU Partner's Social Security # \_\_\_\_\_

Name \_\_\_\_\_
Last Name, First Name, and Middle Initial (Follow with first name and initial of spouse/CU partner if filing jointly. Only enter spouse/CU partner's last name if different.)

Address \_\_\_\_\_
Street City State ZIP Code

Mobile Home Park Site # \_\_\_\_\_

Table with 2 columns: 2020, 2021. Rows for occupancy questions and percentage share.

Part II — To Be Completed by Mobile Home Park Owner or Manager

Column A — 2020 Site Fees

(Do not include municipal service fees or other charges)

- 1. Total site fees due for Calendar Year 2020 under agreement with mobile home park..... \$ \_\_\_\_\_
2. Total site fees paid by resident(s) for Calendar Year 2020 only..... \$ \_\_\_\_\_

If line 2 is less than line 1, do not complete the certification. The applicant is not eligible for a reimbursement.

Column B — 2021 Site Fees

(Do not include municipal service fees or other charges)

- 1. Total site fees due for Calendar Year 2021 under agreement with mobile home park.....\$ \_\_\_\_\_
2. Total site fees paid by resident(s) for Calendar Year 2021 only.....\$ \_\_\_\_\_

If line 2 is less than line 1, do not complete the certification. The applicant is not eligible for a reimbursement.

Under the penalties of perjury, I certify that I am the owner or manager of \_\_\_\_\_, where the above mobile home site is located. I further certify that the above-stated amounts of site fees due were paid for Calendar Years 2020 and 2021 and are true and accurate to the best of my knowledge.

(Name) (Title) (Date) (Phone)

Part III — To Be Completed by Applicant (AFTER Part II has been completed by mobile home park owner or manager)

Column A — 2020

- 3. Total site fees paid by all residents living at this address. (Enter amount from Part II, line 2, column A)..... \$ \_\_\_\_\_
4. Share (percentage) of site fees that you (and your spouse/CU partner) paid in 2020. (Enter percentage from Part I, line B as a decimal. For example, if the share is 50%, enter 0.50. If 100%, enter 1.00) .....x \_\_\_\_\_
5. Total site fees paid by you (and your spouse/ CU partner) (line 3 x line 4)..... \$ \_\_\_\_\_
6. Total property taxes paid by you (and your spouse/CU partner) (line 5 x 0.18). Enter this amount on line 14, Form PTR-1..... \$ \_\_\_\_\_

Column B — 2021

- 3. Total site fees paid by all residents living at this address. (Enter amount from Part II, line 2, column B)..... \$ \_\_\_\_\_
4. Share (percentage) of site fees that you (and your spouse/CU partner) paid in 2021. (Enter percentage from Part I, line B as a decimal. For example, if the share is 50%, enter 0.50. If 100%, enter 1.00) .....x \_\_\_\_\_
5. Total site fees paid by you (and your spouse/ CU partner) (line 3 x line 4)..... \$ \_\_\_\_\_
6. Total property taxes paid by you (and your spouse/CU partner) (line 5 x 0.18). Enter this amount on line 13, Form PTR-1..... \$ \_\_\_\_\_

(If you complete this form, be sure to enclose it with your Form PTR-1 application.)

# Form PTR-1B – Instructions

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## Part I – To Be Completed by Applicant

**Social Security Number.** If your marital/civil union status as of December 31, 2021, was single, you must enter your Social Security number in the space provided on Form PTR-1B. If your status as of December 31, 2021, was married/CU couple, you must report both applicants' numbers in the order in which the names are listed on the application. If you were married or in a civil union but living apart from your spouse/CU partner, and you did not have access to or receive support from their income, you are considered "Single" for purposes of the Property Tax Reimbursement. You should enter only your Social Security number on Form PTR-1B.

**Name and Address.** Print or type your name (last name first) and complete address of the property for which you are claiming the reimbursement in the spaces provided. Also include your spouse's/CU partner's name if filing jointly.

**Mobile Home Park Site Number.** Enter the mobile home park site number of the principal residence (main home) for which you are claiming the reimbursement in the space provided.

- A. Multiple Occupants.** Check "Yes" only if you occupied your mobile home with someone who was not your spouse/CU partner and shared mobile home park site fees with them. For example, you lived in your mobile home with your sister. If you (and your spouse/CU partner) were the sole occupant(s), check "No."
- B. Percentage of Site Fees Paid.** Enter the share (percentage) of the site fees that you (and your spouse/CU partner) paid. For example, if you and your sister lived in your mobile home and you both paid one-half of the site fees, you must enter 50% as your share. If you (and your spouse/CU partner) were the sole occupant(s), enter 100%.

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## Part II – To Be Completed by Mobile Home Park Owner or Manager

Enter the appropriate amounts for Calendar Years 2020 and 2021 as follows:

**Line 1.** Enter the amount of site fees due under the mobile home park agreement entered into with the resident(s).

**Line 2.** Enter the total amount of mobile home park site fees paid by, or on behalf of, the resident(s). Enter **only** amounts actually due and paid for each calendar year.

Compare lines 1 and 2 for each calendar year.

- If line 2 is equal to line 1 for both years, complete the certification portion of Form PTR-1B.
- If line 2 is **less than** line 1 for either or both years, **do not complete the certification portion of Form PTR-1B.** The applicant is not eligible for a Property Tax Reimbursement.

**Certification.** Complete the certification portion of Form PTR-1B.

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## Part III – To Be Completed by Applicant

**Line 3 – Total Site Fees Paid.** Enter the total site fees paid for each calendar year by all residents who lived in the mobile home for which you are claiming a reimbursement. (Enter amount from Part II, line 2.)

**Line 4 – Percentage of Site Fees Paid.** Enter your share (percentage) of site fees paid from Part I, line B for each calendar year. Enter this number as a decimal. For example, if you lived in your mobile home with your sister and you both paid 50% of the site fees, enter 0.50 on line 4. If

you and your spouse/CU partner were the sole occupant(s), enter 1.00.

**Line 5 – Total Site Fees Paid by Applicant.** Multiply the amount on line 3 by the decimal on line 4.

**Line 6 – Total Property Taxes Paid by Applicant.** Multiply the amount of site fees on line 5 by 18% (0.18) and enter the result in the box at line 6.