



MANUFACTURED HOME COMMUNITY AFFIDAVIT

State Form 56634 (6-19)

<p>SECRETARY OF STATE AUTO DEALER SERVICES DIVISION 302 West Washington Street, Room E111 Indianapolis, IN 46204 Telephone: 317-234-7190 Dealers@sos.in.gov</p>
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- INSTRUCTIONS:**
1. Complete in blue or black Ink or print completed affidavit.
 2. The completed affidavit must be mailed or e-mailed to the Indiana Secretary of State Auto Dealer Services Division. Your license application cannot be processed until a completed affidavit or written statement is received.
 3. You may also submit the completed affidavit as part of your online license application.

SECTION 1 – TO BE COMPLETED BY APPLICANT

Name In which the Dealer license will be issued (*Doing Business As (DBA) name*)

Legal name of the business (*Business entity name*)

Street address of established place of business (*number and street*)

City

State

ZIP code

County

I hereby certify, under the penalty of perjury, the following;

1. The established place of business is a manufactured home community.
2. The only sales activity that will take place at the established place of business is the sale of manufactured homes. Those sales will be only to buyers that purchase manufactured homes with the intent of the manufactured home remaining in the manufactured home community located at the established place of business or being installed in the manufactured home community at the established place of business.
3. I am authorized to make this application and that the answers and information contained in this application are true and correct.

Signature of applicant

Date signed (*month, day, year*)

Printed name of applicant