



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

Post Office Box 190  
Yorktown, Virginia 23690-0190  
(757) 890-3381

**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 1<sup>st</sup> annually. You have 60 days from the date of purchase or move into York County to register your mobile home.

**Form may be mailed or submitted through the document portal (see page 2)**

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

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**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: \_\_\_\_\_

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**MOBILE HOME INFORMATION**

\*Year: \_\_\_\_\_ \*Make: \_\_\_\_\_ \*Length: \_\_\_\_\_ \*Width: \_\_\_\_\_

Title Number: \_\_\_\_\_ \*Identification Number: \_\_\_\_\_

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

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\*Was this mobile home located in York County on January 1<sup>st</sup> 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 or through the document portal*

**\*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

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**\*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 the DOCUMENT PORTAL, 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, this form must be signed)***

**Owner 1 Signature:** \_\_\_\_\_ **Owner 2 Signature:** \_\_\_\_\_

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

To submit this form through the document portal, please save your completed form and upload it [here](#).