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Disclaimer: The information provided herein may not be a complete statement of the requirements under the MHT Master Ground Lease (“Ground Lease”) or the applicable CC&Rs. If there is any conflict between this document and the Ground Lease or the CC&Rs, the terms of the Ground Lease and the CC&Rs shall govern.

What is the Annual Occupancy and Compliance Verification Process?

[Refer to Ground Lease agreement Articles 4.4, 6.1, and 7.4](#)

Actions
1. Annually, MHT will mail the Owner Occupancy Certification form to homeowners.
2. Annually, MHT Staff will review Okanogan County Assessor’s records to verify current ownership and verify taxes are paid.
3. Annually, MHT may pull title reports to check for non-permitted liens and non-permitted refinancing.

Owner Occupancy Certification Form

I/We, _____

_____ (please print your name(s) above as the owners of the home located at (please print your property address below)

Address: _____

How many people are living in the home? _____

If any occupants are roommates, have you completed the roommate form and reviewed the roommate policy? _____

I/We certify that I/we currently reside as owner-occupants in this unit at least nine months of the year.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I/We certify that I am not using my home as a short-term rental. (Short-term rentals are defined as 30 days or less.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I/We certify that Homeowner’s Insurance is paid and current. <ul style="list-style-type: none"> • One (1) receipt / proof of payment of homeowners’ insurance 	<input type="checkbox"/> Yes <input type="checkbox"/> No Documents attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you are experiencing difficulty with your mortgage, would you like MHT staff to contact you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I/We declare that the above information is true and correct.

_____ Owner's Signature

_____ Date

_____ Phone

_____ Owner's Signature

_____ Date

_____ Phone

For MHT Staff Use:

___ All Monthly MHT fees paid and current
___ Property taxes paid and current
___ Homeowner's Insurance paid and current
___ Homeowner occupancy confirmed
___ Homeowner requested contact. Meeting scheduled for _____.