STATE OF CALIFORNIA
BUSINESS, TRANSPORTATION AND HOUSING AGENCY
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS
REGISTRATION AND TITLING PROGRAM

IRREVOCABLE ASSIGNMENT TO THE
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

SECTION I. DESCRIPTION OF UNIT

This unit is a (check one):

☐ Manufactured Home, Mobilehome, Multi-unit Manufactured Housing  ☐ Commercial Coach  ☐ Truck Camper  ☐ Floating Home

The Decal (License) Number(s):

The Trade Name is:

The Serial Number(s):

SECTION II. ASSIGNMENT AND CERTIFICATION

I/We ________________________________

Name of Applicant(s) Exactly as it Appears on Application

Hereinafter referred to as Assignor, whose principal place of residence is located at:

Street Address
City
State
Zip

I/We do/does hereby irrevocably assign and set over to the State of California, Department of Housing and Community Development, hereinafter referred to the insured account of Assignor in the (financial institution name):

Street Address
City
State
Zip

whose address is:

I/We certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on __________________________ at __________________________ at __________________________

Date City State

Applicant Signature:

Address:

Street Address or P.O. Box
City
State
Zip

SECTION III. FINANCIAL INSTITUTION - ENDORSEMENT AND RECEIPT OF IRREVOCABLE ASSIGNMENT

Receipt is hereby acknowledged to the State of California, Department of Housing and Community Development of written notice of the irrevocable assignment to said Department of the above-identified account. We have noted our records to show the interest of the Department in said account as shown in and by the irrevocable assignment above. We have retained a copy of this document. We hereby certify that we have not received any notice of lien, encumbrance, hold, claim, or other obligation against the above-identified account prior to its irrevocable assignment of the Department. We agree to make payment as required by the California Health and Safety Code in accordance with the banking or savings and loan laws applicable to the bank association.

Executed on __________________________ at __________________________ at __________________________

Date City State

Financial Institution Signature:

Address:

Street Address or P.O. Box
City
State
Zip

DEPARTMENT USE ONLY

Receipt is hereby acknowledged of the irrevocable assignment above and the account identified in the irrevocable assignment above. The Financial Institution named in the irrevocable assignment above is thereby authorized and directed to pay any earnings on the above-identified account to the above-named Assignor.

Executed on __________________________ at __________________________ at __________________________

Date City State

Department of Housing and Community Development, Registration and Titling Section

Signature of Authorized Employee: __________________________

Title: __________________________

DISTRIBUTION: WHITE & BLUE COPY: DEPARTMENT Pink COPY: APPLICANT Yellow COPY: FINANCIAL INSTITUTION

HCD 482.4 (7/97)