

Mobile Home Park Capital Improvement Surcharge Affidavit

I, _____, owner of the mobile home park known as

_____ and located in _____, Vermont,

hereby state that I am/will be conducting a capital improvement project at the above-referenced mobile home park and will be imposing a capital improvement surcharge as part of a lot rent increase to recover the costs of these improvements. I am providing the following information, under the pains and penalties of perjury, to the Commissioner of the Department of Housing and Community Development pursuant to 10 V.S.A. § 6251(b) and Part I, Section 6.2.3 of the Housing Division Rules (July 1, 2016).

1. **Description of the Capital Improvement Work:** Please provide a written description of the capital improvement work and attach copy of specifications.

2. **Estimated Cost of the Capital Improvement:** Please provide cost estimate here and attach a copy of a written estimate from contractor.

3. **Expected Date of Completion:** Please provide date upon which construction is expected to commence and completion date.

4. **Time Frame Required for the Surcharge to Provide Recovery of the Cost of the Improvements:** The duration of the surcharge is limited to the length of time necessary to recover the cost of the capital improvements. Under no circumstances shall the surcharge continue after recovery of the actual cost of the capital improvements.

Date surcharge will commence: / /

Date Surcharge will terminate: / /

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IMPORTANT NOTE: This affidavit is signed under the pains and penalties of perjury. If there is a substantial change in any of the information provided above, including the cost of the construction project, or termination date of the surcharge, you must provide notice to the Department within 14 days of such change.

I declare under the penalty of perjury that the information I have provided in this affidavit is true and correct.

Signed this _____ day of _____, 20____.

Affiant/Owner:

(Signature)

(Printed Name)

Subscribed and sworn to before me this _____ day of _____, 20____.

(Notary Public)

My commission expires: _____