



# Town of Smyrna

## 2026 Application for Manufactured Home Placement Permit Reduction

### Age 65 and Over

Must be received by December 1, 2025

Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Applicant's Date of Birth: / /

Spouse's Date of Birth / /

(Copy of picture ID showing date of birth must be attached)

Applicant's Gross Income: \$

Spouse's Gross Income: \$

**(Must include all income EXCEPT: Veteran Disability Compensation, Railroad Pension, and Social Security)**

The undersigned citizen of the Town of Smyrna makes application for reduction of the manufactured home placement permit for the above real property and further states as follows:

1. He/she is legally domiciled within the Town of Smyrna, Delaware.
2. He/she is 65 years of age or older.
3. He/she is the owner of the manufactured home for which the reduction is sought and have continuously resided therein for at least one year prior to February 1 of the year for which the reduction is sought; and
4. Have had an income for the tax year that most recently concluded prior to the application deadline for applying for the reduction that does not exceed:
  - A. \$35,000 for an individual applicant; or
  - B. \$40,000 for applicants living in the same dwelling and filing jointly.
5. He/she does not have a past due balance for Manufactured Home Placement Permits.

For purposes of this section, the applicant's income means all income from whatever source derived (other than Social Security, Veteran Disability Compensation, and Railroad Pension) including capital gains, pension annuities and retirement.

I HEREBY SWEAR OR AFFIRM THAT THIS INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND FURTHER UNDERSTAND THAT A FALSE DECLARATION IN THIS APPLICATION WILL SUBJECT ME TO THE PENALTIES PROVIDED BY LAW FOR PERJURY.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse

-----DO NOT WRITE BELOW THIS LINE-----

APPROVED \_\_\_\_\_

DISAPPROVED \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Town Official