

**DELAWARE MANUFACTURED HOME RELOCATION TRUST FUND**  
**Schedule 1 - Delinquent Tenant Report**



MANUFACTURED-HOME COMMUNITY OWNER	ACCOUNT NUMBER	REPORT FOR QUARTER ENDING:	BUSINESS CODE GROUP DESCRIPTION <b>200 RELOCATFEE</b>
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NAME OF DELINQUENT TENANT	STREET ADDRESS	CITY	STATE	ZIP CODE	NUMBER OF MONTHS DELINQUENT	TOTAL AMOUNT OUTSTANDING
<b>TOTAL</b>						<b>\$</b>

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

Mail This Form With Remittance Payable To:  
 Delaware Division of Revenue  
 P.O. Box 2340, Wilmington, DE 19899-2340

I declare under penalties of perjury, that this is a true, correct and complete return.