



JOE LOMBARDO  
Governor

STATE OF NEVADA  
DEPARTMENT OF BUSINESS & INDUSTRY  
HOUSING DIVISION  
1830 College Parkway Ste. 200  
Carson City, Nevada 89706

DR. KRISTOPHER SANCHEZ  
Director

STEVE AICHROTH  
Administrator

## Demographics 2025-2026

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

Assigned Park Number (####): \_\_\_\_\_

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

Type of Park:      Family:      55+:      65+:     

Fill in the following table with the number of lots in the park (lot size refers to the maximum size the lot can hold, not the size of the home occupying the lot).

	OCCUPIED		VACANT		TOTAL
SINGLE WIDE		+		=	
DOUBLE WIDE		+		=	
OTHER/SPECIAL		+		=	

Total Lots: \_\_\_\_\_

### Current Lot (Dirt) and Unit (Box) Monthly Rent Amount:

Single Wide: (Lot) \_\_\_\_\_ (Unit) \_\_\_\_\_ Double Wide: (Lot) \_\_\_\_\_ (Unit) \_\_\_\_\_ Other/Special: (Lot) \_\_\_\_\_ (Unit) \_\_\_\_\_

Number of homes PARK OWNED (titled to the park or park owner):

\_\_\_\_\_

Number of homes obtained by park through LIEN SALES:

\_\_\_\_\_

Number of homes obtained through LIEN SALES, which were resold/gifted:

\_\_\_\_\_



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**Park Management Information**

Park Owner's Name(s): \_\_\_\_\_

Owner's Email Address: \_\_\_\_\_

Owner's Phone Number: \_\_\_\_\_

Manager's Name(s): \_\_\_\_\_

Manager's Email Address: \_\_\_\_\_

Manager's Phone Number: \_\_\_\_\_

Assistant Manager's Name(s): \_\_\_\_\_

Assistant Manager's Email Address: \_\_\_\_\_

Assistant Manager's Phone Number: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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**Demographic Data:**

**Please provide a list of all lots currently on the park's record. If not all the lots can fit on the pages provided, please print off extra forms when needed.**

Space #	Occupied/ Vacant	Serial #/VIN (If Available)	Size of Home (Single, Double, etc.)	118A or 118B Tenant?	Names of Renter(s) Renting Home & Space (118A)	Names of Titled Homeowner(s) Renting Space Only (118B)	Does Park Resell or Bill Utilities for Tenant Separately? If so, which ones?

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