

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 200 RELOCATFEE
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NAME OF DELINQUENT TENANT	STREET ADDRESS	CITY	STATE	ZIP CODE	NUMBER OF MONTHS DELINQUENT	TOTAL AMOUNT OUTSTANDING
TOTAL						\$

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

_____/_____/_____
DATE

TELEPHONE NUMBER

E-MAILADDRESS

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