

**AFFIDAVIT FOR QUALIFICATION OF MOTOR HOME  
RESIDENCE STATUS**

VEHICLE INFORMATION:

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

YEAR \_\_\_\_\_ VIN \_\_\_\_\_

OWNER(S) \_\_\_\_\_

MAILING  
ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ SC ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

PERMANENT LOCATION ADDRESS OF  
VEHICLE \_\_\_\_\_

I HEREBY CERTIFY THAT THE ABOVE DESCRIBED VEHICLE QUALIFIES AS A PRIMARY OR SECONDARY RESIDENCE UNDER THE INTERNAL REVENUE CODE OF THE UNITED STATES OF AMERICA. [TO BE QUALIFIED UNDER THIS CODE, THE VEHICLE MUST HAVE SEPARATE BUT DISTINCT SLEEPING, COOKING AND BATHROOM FACILITIES. ALSO, ONLY ONE SECOND RESIDENCE IS ALLOWED TO QUALIFY. IF YOU, OR YOUR SPOUSE, HAVE REAL PROPERTY ALREADY RECEIVING THE SECOND HOME DESIGNATION, THE VEHICLE WOULD NOT QUALIFY.] I UNDERSTAND THAT GIVING FALSE OR MISLEADING INFORMATION COULD RESULT IN CIVIL LIABILITY AND/OR CRIMINAL PROSECUTION UNDER THE STATUTES FOR FRAUD FOUND IN THE SOUTH CAROLINA CODE OF LAWS.

OWNER \_\_\_\_\_ DATE \_\_\_\_\_

OWNER \_\_\_\_\_ DATE \_\_\_\_\_

RECEIPT NUMBER \_\_\_\_\_

NOTES:

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