

Ask the contact person of the mobile home park – **Do you have any maps of the mobile home park that I can take with me?**

**Section 6 – MOBILE HOME PARK PAGE**

|  |  |   |  |  |
|--|--|---|--|--|
| <b>Mobile home park address</b>          |  | (1) Block No. <input type="text"/>  | (7) What is the total number of mobile homes, trailers, AND empty trailer lots/sites in the park? <input type="text"/> | (8) Mobile home park number <input type="text"/>   |
| (2) House No. <input type="text"/>       | (3a) Road/street name <input type="text"/> |   | (9) Name of park <input type="text"/>  |  |
|  |  | (10) Name/Title/Phone No. of contact person for park <input type="text"/> |  |  |
| (4a) Rural Rte. No. <input type="text"/> | (4b) Box No. <input type="text"/>          | (5) PO Box No. <input type="text"/>                                       | (6) ZIP Code <input type="text"/>  | (11) Information obtained from <input type="checkbox"/> HH member <input type="checkbox"/> Proxy <input type="checkbox"/> Manager <input type="checkbox"/> Observation |

| Line No. | Map Spot No. (a)     |                      | House/Lot No./Physical description (b) | Road/street name (c) | Rural Rte. No. (d) | Box No. (e) | PO Box No. (f) | Unit status (g) | ZIP Code (h)         | Obtain householder name for areas with non-city style addresses (i) |    |      |
|----------|----------------------|----------------------|--|----------------------|--------------------|-------------|----------------|-----------------|----------------------|---|----|------|
|          | Number               | Letter               |  |                      |                    |             |                |                 |                      | First   | MI | Last |
| 1        | <input type="text"/> | <input type="text"/> |  |                      |                    |             |                |                 | <input type="text"/> |   |    |      |
| 2        | <input type="text"/> | <input type="text"/> |  |                      |                    |             |                |                 | <input type="text"/> |   |    |      |
| 3        | <input type="text"/> | <input type="text"/> |  |                      |                    |             |                |                 | <input type="text"/> |   |    |      |
| 4        | <input type="text"/> | <input type="text"/> |  |                      |                    |             |                |                 | <input type="text"/> |   |    |      |
| 5        | <input type="text"/> | <input type="text"/> |  |                      |                    |             |                |                 | <input type="text"/> |   |    |      |
| 6        | <input type="text"/> | <input type="text"/> |  |                      |                    |             |                |                 | <input type="text"/> |   |    |      |
| 7        | <input type="text"/> | <input type="text"/> |  |                      |                    |             |                |                 | <input type="text"/> |   |    |      |
| 8        | <input type="text"/> | <input type="text"/> |  |                      |                    |             |                |                 | <input type="text"/> |   |    |      |
| 9        | <input type="text"/> | <input type="text"/> |  |                      |                    |             |                |                 | <input type="text"/> |   |    |      |
| 10       | <input type="text"/> | <input type="text"/> |  |                      |                    |             |                |                 | <input type="text"/> |   |    |      |
| 11       | <input type="text"/> | <input type="text"/> |  |                      |                    |             |                |                 | <input type="text"/> |   |    |      |
| 12       | <input type="text"/> | <input type="text"/> |  |                      |                    |             |                |                 | <input type="text"/> |   |    |      |
| 13       | <input type="text"/> | <input type="text"/> |  |                      |                    |             |                |                 | <input type="text"/> |   |    |      |
| 14       | <input type="text"/> | <input type="text"/> |  |                      |                    |             |                |                 | <input type="text"/> |   |    |      |
| 15       | <input type="text"/> | <input type="text"/> |  |                      |                    |             |                |                 | <input type="text"/> |   |    |      |

**UNIT STATUS:** 1 – Occupied or vacant and intended for occupancy    4 – Unfit for habitation    5 – Boarded up    6 – Storage of household goods    7 – Empty trailer lot/site    8 – Other

FORM DX-1302 (3-27-2007)