

**HUD Manufactured Home Retailer Report –  
Home Installation Information**

**U.S. Department of Housing and Urban Development  
Office of Manufactured Housing Programs**

OMB Approval No. xxxx-xxxx  
Expires mm/dd/yyyy

The Manufactured Housing Installation Program Regulations 24 CFR Chapter XX Part 3286 Section 113 requires manufactured home retailers and distributors to report specific information about the installation of a new manufactured home within 30 days from the date of installation. The information collected here will be used in conjunction with manufacturer shipment reports, retail information reports, and other reports as appropriate under these Regulations. Public reporting burden for this collection is estimated to average 0.25 hour per response including the time for reviewing the instructions, searching existing data sources, gathering and maintaining the data as needed, and completing and reviewing the collection of information. Response to the information collection is mandatory. This agency may not collect this information, and you are not required to complete this form, unless the form displays a currently valid OMB control number.

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|---|--|
| Retailer/Distributor Name & Address             | Date (mm/dd/yyyy)  |
| Retailer/Distributor Representative (signature) | <input type="checkbox"/> Check box if report is for correcting previously reported information |

**Reporting Period:** (mm/dd/yyyy) \_\_\_\_\_ through (mm/dd/yyyy) \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

| Certification Label Number<br><small>(include all zeros and agency prefix)</small> | Manufacturer's Serial Number<br><small>(Including all letters and numbers)</small> | Installation Information       |  |   |  | Installation Inspection Information                        |  |
|--|--|--------------------------------|--|---|--|--|--|
|  |  | Installer's HUD License Number | Installer Name, Address & Phone Number | Date Installation Work Began<br><small>(mm/dd/yyyy)</small> | Date of Installer's Certification<br><small>(mm/dd/yyyy)</small> | Inspector Verification Date<br><small>(mm/dd/yyyy)</small> | Inspector Name, Address & Phone Number |
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Distribution:  
HUD  
Retailer