

DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency

OMB Control Number.: 1660-0030

Expiration Date: MM/DD/YYYY

**MANUFACTURED HOUSING UNIT MAINTENANCE WORK ORDER**

**PAPERWORK BURDEN DISCLOSURE NOTICE**

Public reporting burden for this form is estimated to average 10 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. This collection of information is mandatory. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC, 20472, Paperwork Reduction Project (1660-0030). **Please do not send your completed survey to the above address.**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** The Robert T. Stafford Disaster Relief and Emergency Assistance Act as amended, 42 U.S.C. § 5174 and Title 44 C.F.R. Part 206.117.

**PRINCIPAL PURPOSE(S):** This information is being collected for the primary purpose of obtaining necessary landowner consent to inspect site, place maintain, deactivate and/or remove temporary housing units provided by FEMA to eligible registered disaster survivors as part of its direct housing program under a Presidentially-declared disaster.

**ROUTINE USE(S):** The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using this information as necessary and authorized by the routine uses published in DHS/FEMA - 008 Disaster Recovery Assistance Files System of Records, 78 Fed. Reg. 25282 (Apr. 30, 2013), and upon written request, by agreement, or as required by law.

**DISCLOSURE:** The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving disaster-related temporary housing assistance.

WO Type:	Contractor:	Work Order #:
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<b>WORK ORDER STATUS:</b>	AS OF:
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**Occupant Information**

Name:	Phone #:	Lot #:	Site:
Address:	City:	State:	County:

**Maintenance Request Information**

Received:	Unit Type:	Unit #:	Received by:
Date	Time		
		Permission to Enter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupant Available:	Date:	Time:	
Problem Previously Reported?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If Yes, Please Explain:

**Deactivation Return Information**

Site:	City:	State:	County:	Zip:
Address:				

**Work Order Issue Information**

Issued to:	Issued Date:	Issue Time:	Issued by:	Date Completed:
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Description of Work Completed:

Work Order Notes:

Signatures: (Certification that the above described work has been completed) Notes: provide copy to occupants

Contractor	Date
Contractor Project Officer	Date
Occupant	Date

**Work Order Specifications**

Description	UOM	Quantity	Cost Per UOM	Total

**Labor**

Work Began		Work Completed	
Date	Time	Date	Time
	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM
Total hours worked (24 hour increments)			

Verification and Signatures: The above described work has been verified by:

Phone  Inspection and complies with

Maintenance Coordinator	Date
Project Officer	Date

Charge Work Order to:  Manufacturer  Setup Contractor  Maintenance Contractor  Occupant  Other