

**HUD Manufactured Home  
Monthly Production Report**

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

**OMB Approval No. 2502-0233  
expires (04/30/2016)**

The Manufactured Housing Procedural and Enforcement Regulations 24 CFR Part 3282 Sections 552 and 553 require the manufacturer and IPIA to report monthly, the number and location of homes manufactured in any factory. ~~Section 501 authorizes the Secretary to take such actions to oversee the system, as the Secretary deems appropriate.~~ The information collected here will be used to account for the shipment of homes and the calculation of monthly payments to the state agencies as required in Section 307. Public reporting burden for this collection of information is estimated to average 0.5 hours per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information. Response to this information collection is mandatory under 42 U. S.C. 5413(c)(3). This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB number.

<b>Manufacturer's Name &amp; Address</b>	<b>Factory Name &amp; Address</b>	
<b>Manufacturer's Representative</b>	<b>Phone</b>	<b>Date (mm/dd/yyyy)</b>
<b>Reporting Period: (mm/ yyyy) _____ through (mm/ yyyy) _____</b>	<b>Page _____ of _____</b>	

Manufacturer Name (Production Line) and Address \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_ Telephone Number (xxx-xxx-xxxx) \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

Manufacturer's Representative Name (print) \_\_\_\_\_ Reporting Period: (mm/dd/yyyy) \_\_\_\_\_ through (mm/dd/yyyy) \_\_\_\_\_

Certification Label Number (with all zeros)	Complete Manufacturer's Serial Number (with all letters (i.e. unit, AC, and SC designations, etc.) and numbers)	Type of Unit	Date of Manufacture (mm/dd/yyyy)	First Location of Home Shipment						Site Completion Numeric ID (XXX-SC-XX)	Brief Description of On-Site Work (as applicable)
				Purchase Location Type (D, F, H, R, or O)	PurchaserName	Street Address	City/Town	State	Zip		
IPIA Name _____											
xxxxxxxxxx	xxxxxxxxxxxxxxxxxx	x	xx/xx/xxxx	x	xxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxx	xx	xxxxx	xx-xx	xxxxxxxxxxxxxxxxxx

Previous editions obsolete

<sup>1</sup>Type of Unit:  
Single-wide Unit (S)  
Multi-wide Unit 1<sup>st</sup> Section (1)  
Multi-wide Unit 2<sup>nd</sup> Section (2)  
Multi-wide Unit 3<sup>rd</sup> Section (3)

<sup>2</sup>Type of Location:  
(Specific purchaser, if known)  
H - Homeowner  
F - FEMA  
R - Retailer  
O - Other

Form HUD-302 (01/16)

Previous editions obsolete

Form HUD-302 (01/16)

