## Federal Manufactured Housing Dispute Resolution Information Form

## U. S. Department of Housing and Urban Development Office of Housing Federal Housing Commissioner

OMB Approval No. 2502-0562 (exp. 04/30/2015)

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

42 U.S.C. § 5422(g) (section 623(g) of the National Manufactured Housing Construction and Safety Standards Act of 1974) authorizes HUD to implement a dispute resolution program in each State that does not have a program meeting the requirements of42 U.S.C. § 5422(c)(12). Your answers to the following questions are necessary for a proper evaluation of your dispute. The respondents are homeowners, installers, retailers, and manufacturers of manufactured housing. HUD does not pledge assurance of confidentiality to respondents. HUD generally discloses this data only in response to a Freedom of Information request.

Initial Information							
Name of person requesting assistance				: Manufacturer	Retailer	Installer	
Role in the dispute: (check one)		Homeowner					
Other parties involved in this dispute:		Homeowner		Manufacturer ——	Retailer	Installer 	
Information on the home							
Street address of home:							
City:	State:		Zip:				
Daytime phone:							
Evening or weekend phone:							
E-mail address:							
Name of manufactured home park, if applicable:							
Single-wide:	Double-wide:		Multi-wide:				
Serial number of home:							
Model number of home:							
HUD label number:							
Date home was purchased:							
Date home was delivered to the installation site:							
Date home was installed:							
Additional information on person requesting the dispute resolution							
				<b>y</b>			
Name:							
Street address:			1				
City:	State:		Zip:				
Daytime phone:							
Evening or weekend phone:							
E-mail address:							

Corporate name if known)							
Company name of manufacturer:  Name of manufacturing plant in which home was built:  Name of contact person at plant if known:  Street address:  City: State: Zip:  Telephone:  E-mail address:  Retailer of Home  Name of Retailer:  Name of contact person or salesperson at retailer:  Street address:  City: State: Zip:  Telephone:  E-mail address:  Installer of Home  Name of company that installed the home:  Name of company that installed the home:  Name of contact person for the installation company:  Street address of installer's company:  City: State: Zip:  Telephone:  Street address of installer's company:  City: State: Zip:  Telephone:  E-mail address:	Manufacturer of Home						
Company name of manufacturer:  Name of manufacturing plant in which home was built:  Name of contact person at plant if known:  Street address:  City: State: Zip:  Telephone:  E-mail address:  Retailer of Home  Name of Retailer:  Name of contact person or salesperson at retailer:  Street address:  City: State: Zip:  Telephone:  E-mail address:  Installer of Home  Name of company that installed the home:  Name of company that installed the home:  Name of contact person for the installation company:  Street address of installer's company:  City: State: Zip:  Telephone:  Street address of installer's company:  City: State: Zip:  Telephone:  E-mail address:							
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City: State: Zip: Telephone: E-mail address:	Name of contact person for the installation company:						
City: State: Zip: Telephone: E-mail address:	Street address of installer's company:						
Telephone: E-mail address:	City:	State:	Zip:				
E-mail address:							
Description of Dispute (use additional sheets if necessary)							

Description of the dispute:					
Have you previously written to th	ne federal Office of M	Manufactured Housing Programs regarding this or			
other issues involving this home		Mandiactured Flodding Frograms regarding this of			
Have you contacted the [manufa	cturer, retailer or ins	staller] regarding your complaint?			
If yes:					
Person/firm contacted Date(s)		In writing or by phone?			
	Contacted				
Person/firm contacted	Date(s)	In writing or by phone.			
1 croorwiim contacted	Contacted	In whiting or by phone.			
Person/firm contacted	Date(s)	In writing or by phone.			
	Contacted				
Person/firm contacted	Date(s)	In writing or by phone?			
	Contacted				
		1			
		m the manufacturer, retailer, installer, or nentation to support your dispute. These			
documents will not be returned.	s of any officer docum	ientation to support your dispute. These			
	na complaint:				
Printed Name of person submitting complaint: Signature:		Date:			
o.g. a.a.		24.6			
Description of Dispute (continued)					
Description of Dispute (continued)					