

Adjustment Report Monthly Production Report

The Manufactured Housing Procedural and Enforcement Regulations 24 CFR Chapter XX Part 3282 Section 552 requires manufacturers to report certification label usage on a monthly basis. This form requires the manufacturer to report any adjustments to previously submitted monthly production reports. 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 of information. Response to this information collection is mandatory. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. There are no assurances of confidentiality.

Manufacturer's Name & Address	Factory Name & Address	
Manufacturer's Representative	Phone	Date (mm/dd/yyyy)
Report for month of (mm/yyyy)	Page _____ of _____	

Section I (to add an unreported unit)

Certification Label Number (with all zeros)	Complete Manufacturer's Serial Number (with all letters and numbers including unit, AC, and SC designations, etc.)	Type of Unit ¹	Date of Manufacture (mm/dd/yyyy)	First Home Location Type ²	Retailer or Distributor Information					First Location of Home Shipment (if not the retailer or distributor address)					Site Completion Numeric ID (as needed) (xxx-SC-xx)	Brief Description of On-Site Work (as needed)
					Name	Street Address	City/Town	State	Zip	Name	Street Address	City/Town	State	Zip		
xxxxxxxxxx	xxxxxxxxxxxxxxxx	x	xx/xx/xxxx	x	xxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxx	xx	xxxxx	xxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxx	xx	xxxxx	xxx-xx-xx	xxxxxxxxxxxxxxxx

Section II (to correct previously reported information)

Certification Label Number (include all zeros and agency prefix)	Complete Manufacturer's M/H ID or Serial Numbers	Date of Manufacture (mm/dd/yyyy)	Previous information	Correction (for retailer change, include Name, City, and State)	Type of Unit ¹

Section III (to be completed for open destinations)

Certification Label Number (with all zeros)	Complete Manufacturer's Serial Number (with all letters and numbers including unit, AC, and SC designations, etc.)	Type of Unit ¹	Date of Manufacture (mm/dd/yyyy)	First Home Location Type ²	Retailer or Distributor Information					First Location of Home Shipment (if not the retailer or distributor address)					Site Completion Numeric ID (as needed) (xxx-SC-xx)	Brief Description of On-Site Work (as needed)
					Name	Street Address	City/Town	State	Zip	Name	Street Address	City/Town	State	Zip		
xxxxxxxxxx	xxxxxxxxxxxxxxxx	x	xx/xx/xxxx	x	xxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxx	xx	xxxxx	xxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxx	xx	xxxxx	xxx-xx-xx	xxxxxxxxxxxxxxxx

Previous editions obsolete

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

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

Form HUD-304 (09/16)