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. 08/31/2021)

HUD collects information in accordance with 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 of 42 U.S.C. § 5422(c)(12).

Purpose of this collection is necessary for a proper evaluation of your dispute. All information provided is voluntary. Failure to provide information could delay the processing of the dispute resolution request. By completing this form, you consent to all required uses of your information. HUD generally discloses this data only in response to a Freedom of Information request or to a state, local agency, and the agency and person who are involved and/or all businesses that are affected by the dispute. 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. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Initial Information							
Name of person requesting assistance		in resolving dispute Homeowner		: Manufacturer	Retailer	Installer	
Role in the dispute: (check one)							
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							
Name:							
Street address:							
City:	State:		Zip:				
Daytime phone:							
Evening or weekend phone:							
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:	Manufacturer of Home						
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City: State: Zip: Telephone:	Name of contact person for the installation company:						
Telephone:							
	City:	State:	Zip:				
Description of Dispute (use additional sheets if necessary)							

Description of the dispute:					
Have you previously written to th	ne federal Office of N	Manufactured Housing Programs regarding this or			
other issues involving this home		narial actarda Frodollig Frogramo rogarding tillo 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.			
reison/iiiii contacted	Contacted	In writing or by priorie.			
Person/firm contacted	Date(s)	In writing or by phone.			
	Contacted				
Person/firm contacted	Date(s)	In writing or by phone?			
	Contacted	l l l l l l l l l l l l l l l l l l l			
		m the manufacturer, retailer, installer, or			
documents will not be returned.	s of any other docum	nentation to support your dispute. These			
	n a compleint				
Printed Name of person submitti Signature:	ng compiaint:	Date:			
Oignature.		Date.			
Description of Discrete (sections of)					
Description of Dispute (continued)					