

**DISPUTE RESOLUTION U.S. Department of Housing and  
CERTIFICATION Urban Development  
Office of Housing  
Federal Housing Commissioner**

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.

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). This Dispute Resolution Certification Form will be used for states to self-certify the adequacy of the state's dispute resolution program and for HUD to review that self-certification. Acceptance of your state's program will be determined by reviewing whether the response to Part II of this form complies with the requirements of 24 C.F.R. 3 288.205. All information provided is voluntary. Failure to provide information could delay the processing of the certification. 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.

Submit completed form to: Office of Manufactured Housing Programs  
Department of Housing and Urban Development  
451 7th Street, SW  
Room 9164  
Washington, DC 20410

**U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT**  
*WASHINGTON, DC 20410-1000*

**For Parts I, II and III, please answer each question concisely and certify the responses as full and accurate at the end of the form. Use additional pages if necessary.**

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Part I

1. Name, address, telephone number and email address of the state agency responsible for administering the dispute resolution program:

2. Name and title of the administrator or director in charge of the state agency:

3. Name, title, address, telephone number and email address of the person responsible for administering the dispute resolution program:

Part II

Indicate whether the state dispute resolution program being administered meets the following minimum requirements:	YES	NO
1. Provides for the timely resolution of disputes regarding responsibility for correction and repair of defects in manufactured homes involving manufacturers, retailers, and installers?		
2. Provide for the issuance of appropriate orders for the correction and repair of defects in the manufactured homes?		
3. Provides a coverage period for disputes involving defects that are reported within a minimum of one year from the date beginning on the date of the first installation?		
4. Provides adequate funding and personnel to carry out the program?		

Part III

ADDITIONAL INFORMATION

1. Describe the state's dispute resolution program.
2. Describe how disputes regarding responsibility for correction and repair of defects in manufactured homes involving retailers, manufacturers, or installers are resolved.
3. Describe how the state's dispute resolution program addresses defects as defined in 24 CFR Part 3288, and any special requirements applicable to defects that involve an unreasonable risk of injury or death to occupants of a manufactured home or significant loss or damage to valuable personal property.
4. Explain the state's requirements for providing timely resolution of disputes.

5. What is the time period for initiating a dispute resolution process?
  
6. Describe the appropriate orders issued as part of the state's dispute resolution program.
  
7. Describe the staff and funding utilized by the state's dispute resolution program.

Part IV

COMPLIANCE CERTIFICATION

I hereby certify to the best of my knowledge that the answers given are truthful, accurate, and complete.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or type name of signatory

\_\_\_\_\_  
Print or type name of signatory's title

\_\_\_\_\_  
State