

**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)

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 of 42 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 in resolving dispute: | | | | |
| Role in the dispute: (check one) | Homeowner | Manufacturer | Retailer | Installer |
| 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: | | | | |

Description of the dispute:

Have you previously written to the federal Office of Manufactured Housing Programs regarding this or other issues involving this home?

Have you contacted the [manufacturer, retailer or installer] regarding your complaint?

If yes:

| Person/firm contacted | Date(s) Contacted | In writing or by phone? |
|-----------------------|-------------------|-------------------------|
| | | |
| Person/firm contacted | Date(s) Contacted | In writing or by phone. |
| Person/firm contacted | Date(s) Contacted | In writing or by phone. |
| Person/firm contacted | Date(s) Contacted | In writing or by phone? |

Attach copies of all written correspondence to or from the manufacturer, retailer, installer, or homeowner. Also, attach copies of any other documentation to support your dispute. These documents will not be returned.

Printed Name of person submitting complaint:

| | |
|------------|-------|
| Signature: | Date: |
|------------|-------|

Description of Dispute (continued)