

# Adjustment Report

## Monthly Production Report

U.S. Department of Housing and Urban Development  
Office of Manufactured Housing Programs

OMB Approval No. 2502-0233  
expires 08/31/2019

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 from 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.

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 <sup>1</sup>	Date of Manufacture (mm/dd/yyyy)	First Home Location Type <sup>2</sup>	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		
IPIA Name _____																

### 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 <sup>1</sup>

### 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 <sup>1</sup>	Date of Manufacture (mm/dd/yyyy)	First Home Location Type <sup>2</sup>	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		
IPIA Name _____																

Previous editions obsolete

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

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

Form HUD-304 (09/16)

Previous editions obsolete

Form HUD-304 (01/16)