



STATE OF CALIFORNIA
BUSINESS, TRANSPORTATION AND HOUSING AGENCY
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS

FOR DEPARTMENT USE ONLY

MHRF #: _____

DATE REC: _____

PM DATE: _____

MANUFACTURED HOME RECOVERY FUND CLAIM FORM

NOTICE TO CLAIMANT(S)

This Manufactured Home Recovery Fund (MHRF) claim form has been developed for the convenience of both the claimant and the Department of Housing and Community Development (HCD). Its use will expedite processing by HCD. The form need not be prepared by an attorney nor is legal representation necessary or required to file a claim.

Type or print clearly. Provide all information requested. An incomplete or illegible claim form may delay the processing of the claim.

PART A – GENERAL INFORMATION AND INSTRUCTIONS FOR COMPLETING THE CLAIM

If the claim is based on a final civil judgment, a criminal judgment with restitution or an administrative judgment with restitution, the law requires that the claimant(s) file a MHRF claim within two (2) years of issuance of the final judgment.

[You can review the MHRF laws, California Health and Safety Code (HSC), section 18070 et. seq., online at: <http://www.leginfo.ca.gov/calaw.html>]

If the claim is not based on a final judgment, such as the bankruptcy of a licensee, person or entity, the claimant(s) must file a MHRF claim within: (a) two (2) years from the termination of the bankruptcy proceedings; (b) two (2) years from the date of sale; or (c) two (2) years from the date of discovery of the violation(s) causing the “actual and direct” losses, but no longer than five (5) years from the date of sale; whichever occurs later. (HSC 18070.3)

If the claim is based on a final judgment, complete PART A, Sections 1, 2, 3 and 4, PART B, and PART C. (HSC 18070.3)

If the claim is based on bankruptcy or other evidence that the debtor/respondent is judgment proof, complete PART A, Sections 1, 2, 3 and 5, and PART C. (HSC 18070.3)

SECTION 1 – CLAIMANT INFORMATION (Type or Print)

NAME: _____
First Middle Last

MAILING ADDRESS: _____
P. O. Box or Number and Street City State ZIP Code

TELEPHONE NUMBER: HOME (_____) _____ WORK (_____) _____
Area Code Area Code

LOCATION OF MANUFACTURED HOME: _____
(If different from the mailing address listed above) Number and Street City State ZIP Code

REGISTERED OWNER(S) (If other than claimant): _____
First Middle Last

IF REPRESENTED BY AN ATTORNEY WITH REGARD TO THIS MHRF CLAIM, PLEASE FILL OUT THE FOLLOWING:

ATTORNEY'S NAME: _____ (_____) _____
Area Code Telephone Number

MAILING ADDRESS: _____
P. O. Box or Number and Street City State ZIP Code

SECTION 2 – JUDGMENT DEBTOR / RESPONDENT INFORMATION (Type or Print)

CHECK APPROPRIATE BOX(ES)

DEALER SALESPERSON MANUFACTURER REAL ESTATE LICENSEE PRIVATE PARTY OTHER _____

NAME(S) OF PURCHASER(S) SELLER(S): _____
First Middle Last

MAILING ADDRESS: _____
Number and Street City State ZIP Code

NAME(S) OF HCD OR REAL ESTATE (DRE) LICENSEE(S): _____
If different from “PURCHASER(S)” or “SELLER(S)” listed above First Middle Last

MAILING ADDRESS: _____
Number and Street City State ZIP Code

SECTION 3 – INFORMATION ON THE MANUFACTURED HOME (Type or Print)

PURCHASED (Check Appropriate Box): NEW USED DATE OF SALE (If applicable): _____
DATE ESCROW CLOSED (If applicable): _____ DATE OF DELIVERY (If applicable): _____
DATE OF DISCOVERY OF THE PROBLEM(S) / VIOLATION(S) (If applicable): _____
MANUFACTURED BY: _____ YEAR BUILT: _____
DECAL OR LICENSE NUMBER: _____ MODEL NAME/NUMBER: _____
HCD INSIGNIA OR HUD LABEL NUMBER: _____ SERIAL NUMBER: _____

SECTION 4 – CLAIM INFORMATION BASED ON FINAL JUDGMENT (Type or Print)

INSTRUCTIONS: If the claim is not based on a final judgment, do not complete Section 4. Proceed to Section 5 for a claim based on a bankruptcy or other evidence that the judgment debtor/respondent is judgment proof. See the MHRF Claim Form Instructions and Information (HCD OL MHRF-3) for **Exhibits A** through **J** descriptions.

The above-mentioned claimant hereby makes application for an order directing payment from the MHRF and alleges that:

1. On (Date) _____, a judgment was entered by _____
_____ Full Name and Address of Rendering Court
in (Case Number) _____, in favor against (Debtor) _____
for (Amount) \$ _____ compensatory damages, (Amount) \$ _____ court costs,
and (Amount) \$ _____ in attorney fees.

I have attached as **Exhibit A**, a copy of the court-endorsed complaint, as **Exhibit B**, a certified copy of the court-endorsed final judgment, and as **Exhibit C**, copies of all other pertinent documents in the court’s file on this case.

2. As of the date of this application, the above judgment has been or will be appealed. (Check Appropriate Answer)
 YES NO If “YES”, please tell us which party filed or will file a appeal and on what basis.
3. The judgment is based on my (Check Appropriate Answer) PURCHASE SALE of a manufactured home that occurred on or about (Date) _____. I have attached as **Exhibit D**, copies of all purchase documents concerning this transaction, e.g., manufacturer’s invoice or order form, bill of sale, sales contract, purchase order, escrow instructions, letters I have written or received or other written information pertinent to the sales transaction.
4. I, We, [Claimant(s)] _____, (Check Appropriate Answers) PURCHASED SOLD the manufactured home for PERSONAL, FAMILY RESIDENTIAL or INVESTMENT purposes.
5. The judgment is based on the grounds of: (Check All That Apply)
(1) Failure to honor warranties or guarantees;
(2) Fraud or willful misrepresentation related to any financial provision;
(3) Fraud or willful misrepresentation of the kind or quality of the product sold, purchased; or
(4) Conversion (theft) by the judgment debtor/defendant.
(5) Any willful violation of any provision of Health & Safety Code, Part 2, Sections 18000 – 18153.
(6) Any violation of Civil Code, Title 1.7, Chapter 3, commencing with Section 1797 (Mobilehome Warranties).

I have attached as **Exhibit F**, a detailed statement of facts describing, in my own words, how the failure to honor warranties, fraud, misrepresentation, and/or conversion occurred and how my losses were calculated.

6. The total amount of the actual and direct loss suffered through the failure to honor warranties or guarantees, fraud, willful misrepresentation of the kind or quality of product sold or purchased, or for conversion is (Amount) \$ _____.
7. The total amount of court costs I incurred in pursuing action against the defendant as verified by the Memorandum of Costs filed with the court, is \$ _____, a copy of which is attached as **Exhibit G**.
8. The total amount of attorney fees I incurred in pursuing this action is (Amount) \$ _____ as verified by the copies of the attorney’s billings attached as **Exhibit H**.

(Check the Appropriate Answers for Questions 9-11)

9. I am I am not the spouse of the judgment debtor or a person representing the spouse.

10. I have I have not mailed a copy of my completed claim to the last known address of the debtor/ respondent.
11. I am I am not a lienholder or have a secondary interest in the above listed manufactured home.
12. As of the date of this application, I have received (Amount) \$ _____ in partial satisfaction of my judgment from any and all sources.

SECTION 5 – CLAIM INFORMATION BASED ON BANKRUPTCY OR JUDGMENT PROOF DEBTOR (Type or Print)

The above-named claimant hereby makes application for an order directing payment from the MHRF and alleges that:

1. On (Date) _____, Chapter (Type) _____, Bankruptcy Case Number _____ was filed in the (Name of Bankruptcy Court) _____ for the (Name of District) _____ by (Name of Licensee/Individual/Entity) _____ DBA _____.

2. I have I have not (Check Appropriate Answer) filed a proof of claim against this bankruptcy.
3. I have received (Amount) \$ _____ as a result of my claim against this bankruptcy.
4. The termination date of this bankruptcy is/was (Date) _____.

I have attached as **Exhibit I**, a copy of all bankruptcy documents; e.g., bankruptcy filing, proof of claim, Schedule of Creditors, Notice and Hearing of Motion of Relief from Automatic Stay, discharge from bankruptcy.

5. I have attached as **Exhibit D**, copies of all purchase documents concerning this transaction, e.g., manufacturer's invoice or order form, bill of sale, sales contract, purchase order, escrow instructions, letters I have written, received or other written information pertinent to the sales transaction.
6. If the claim is based on failure to honor warranties or guarantees, and both the dealer and manufacturer have filed bankruptcy, I have attached as **Exhibit E**, copies of my written notice(s) to either the dealer or manufacturer of substantial defects in the manufactured home which occurred within one year of the date of delivery. [Written notice must have been provided to the dealer or manufacturer within one (1) year and ten (10) days from the date of delivery].

I have also attached as part of **Exhibit E** at least two (2) itemized written estimates from licensed contractors to repair the identified substantial defects. If repair or replacement of the substantial defects has been completed at the claimant's expense, submit itemized receipts.

7. I, We, [Claimant(s)] _____, (Check Appropriate Answers) PURCHASED SOLD the manufactured home for PERSONAL, FAMILY RESIDENTIAL use or INVESTMENT purposes.
8. The total amount of the actual and direct loss I incurred because of the judgment debtor/respondent is based on the grounds of: (Check all that Apply)
- (1) Failure to honor warranties or guarantees.
- (2) Fraud or willful misrepresentation related to any financial provision.
- (3) Fraud or willful misrepresentation of the kind or quality of the product sold or purchased.
- (4) Conversion (theft) is (Amount) \$ _____.
- (5) Any willful violation of any provision of Health & Safety Code, Part 2, Sections 18000 – 18153.
- (6) Any violation of Civil Code, Title 1.7, Chapter 3, commencing with Section 1797 (Mobilehome Warranties).

I have attached as **Exhibit F**, a detailed statement of facts describing, in my own words, how the failure to honor warranties, fraud, misrepresentation, and/or conversion occurred and how my losses were calculated.

(Check Appropriate Answers for Questions 9-11)

9. I am I am not the spouse of the bankrupt licensee or the person representing the spouse.
10. I have I have not mailed a copy of my completed claim to the last known address of the debtor/respondent.
11. I am I am not a lienholder or have a secondary interest in the above listed manufactured home.
12. As of the date of this application, I have received (Amount) \$ _____ in partial satisfaction of my claim from any and all sources.

PART C – CERTIFICATION (Type or Print)

I ask that HCD make its order directing that the State Controller pay to the claimant from the Manufactured Home Recovery Fund (MHRF) the total sum of (Claim Amount) \$_____.

In the event that I receive payment from MHRF, I / We, [Type or Print Claimant's Name(s)]

_____,
hereby agree that, as a condition of payment, I will assign to HCD, up to the amount of payment I receive from MHRF, all of my right, title and interest to collect on my judgment or to collect from the debtor in bankruptcy, whichever applies.

I / We, [Type or Print Claimant's Name(s)]

_____,
declare under penalty of perjury that the information given in this claim form and any attachment(s) hereto is true and correct to the best of my knowledge.

Claimant's Signature(s): _____ Date: _____

_____ Date: _____

Claimant's Location:

City

County

WHEN COMPLETED, PLEASE MAIL THIS FORM AND ALL EXHIBITS TO:

California Department of Housing and Community Development
Division of Codes and Standards
Manufactured Home Recovery Fund
P. O. Box 31
Sacramento, CA 95812-0031

THE CLAIMANT(S) WILL BE NOTIFIED IN WRITING OF WHETHER SUFFICIENT INFORMATION TO PERMIT FILING OF THE CLAIM HAS BEEN PROVIDED.

FOR ANY QUESTIONS REGARDING THIS FORM OR THE MANUFACTURED HOME RECOVERY FUND IN GENERAL, PLEASE CALL HCD AT (916) 323-9801 OR E-MAIL AT OL@hcd.ca.gov.

Should additional information become available, which is pertinent to the claim, please send it to HCD at the above address. Please include your name(s) and if assigned your MHRF claim number.

Each claim will be processed on a first-come first-serve basis. Please be assured that HCD will make every effort to process each claim as soon as possible.