REQUEST FOR ASSISTANCE—Manufactured Home Sales and Warranty

HCD MAC 420 (Rev. 08/20)

For complaints alleging: failure to honor warranty, false advertising, illegal sales, illegal alterations, escrow, non-receipt of title, contract dispute, fraud or misrepresentation, unlicensed sales activity, and failure to disclose.

Complete sections 1 through 7 and submit the completed form to the address listed above. If you have any questions, contact the Department of Housing and Community Development at (800) 952-8356. Submit the completed form to HCD—Mobilehome Assistance Center, PO Box 278690, Sacramento, CA 95727.

SECTION 1: YOUR INFORMATION (COMPLAINANT) ☐ Request for Translator: (Language)____________________

NAME: ____________________________ Last First MI ____________________________

PHYSICAL LOCATION OF HOME: ____________________________ Number and Street City County State Zip

TELEPHONE: ____________________________

MAILING ADDRESS: ____________________________ P.O. Box or Number and Street City County State Zip

(If different from physical location of home)

EMAIL ADDRESS: ____________________________

SECTION 2: SELLER INFORMATION

PURCHASED THROUGH: (Check one) ☐ Dealer ☐ Real Estate Agent ☐ Private Party
☐ General Contractor ☐ Park (Owner/Manager)

[Attach copies of documents such as your purchase agreement(s), receipt(s) for deposit(s), transfer disclosure statement, etc.]

DEALER/SELLER NAME: ____________________________ LICENSE #: _________ PHONE: __________

SALESPERSON/AGENT NAME: ____________________________ LICENSE #: _________ PHONE: __________

ADDRESS: ____________________________ Number and Street City County State Zip
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DATE OF SALE/PURCHASE: _______________ DEALER REPORT OF SALE NUMBER: (if available) _______________

DATE OF DELIVERY: _______________

DATE ESCROW CLOSED: _______________

SECTION 3: MANUFACTURER INFORMATION

MANUFACTURER NAME: ____________________________ LICENSE #: _________ PHONE: __________

ADDRESS: ____________________________ Number and Street City State Zip

FOR DEPARTMENT USE ONLY: COMPLAINT FILE # ____________ Code(s): __________________

Program(s): OL NAO SAO MRL LEA Civil Other Warranty Data: ☐ Structural ☐ Mechanical ☐ Electrical ☐ Fire/Safety ☐ General
SECTION 4: MANUFACTURED HOME

MAKE/MODEL NAME: ____________________________

MODEL YEAR: ___________    SERIAL NUMBER(S): ____________________________

REGISTRATION DECAL OR LICENSE PLATE NUMBER(S):
This decal is in red or blue, 3 by 5 inches in size, and may be found affixed to the front of your manufactured home. Manufactured homes affixed to a foundation as an improvement to real property will not have such a decal or license plate.

HCD INSIGNIA OR HUD LABEL NUMBER(S):
The HUD label is red, approximately 2 by 4 inches in size, and found at the rear of each section of the manufactured home. The HCD insignia is approximately 1.5 by 3 inches in size, and located at rear of each section or near the front door.

REGISTERED OWNER NAME(S): (if different from your name) ____________________________

SECTION 5: INSTALLER INFORMATION (if applicable)

MANUFACTURED HOME INSTALLER BUSINESS NAME: ____________________________

ADDRESS: ____________________________
Number and Street        City        State        Zip

PHONE: ____________________________    LICENSE #: ____________________________ (if applicable)

SECTION 6: COMPLAINT ITEMS

To speed the processing of your complaint, please list each problem separately in the space provided below.

• Be brief and to the point, do not elaborate or add narratives, list only the problem (i.e., floor squeaks in 2nd bedroom).
• Attach any copies (not originals) of documents relating to the problem (sales contract, warranty, etc.).
• You may attach additional sheets if needed to further explain the problems listed above (not required).
• Warranty complaints are not valid unless the manufacturer or dealer has received prior written notice.

No.     List each item of your complaint in the space provided below

1
2
3
4
5
6
7
8
9

SECTION 7: CERTIFICATION AND SIGNATURE

I certify that the information given in this complaint, and any attachments hereto, is true and correct to the best of my knowledge. I will testify to these facts, if requested to do so, in any action brought by the Department of Housing and Community Development against any manufacturer, dealer, seller or any person or persons found by the Department to be in violation of either laws or regulations. I understand that copies of this complaint may be given to other agencies responsible for investigation of the problems identified herein and that copies may be given to the manufacturer, dealer, installer, or seller.

SIGNATURE: ____________________________    DATE: ____________________________

SIGNED IN THE CITY OF: ____________________________ COUNTY: ____________________________ STATE: ____________________________

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