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)

NAME: _____________________________  Last  First    MI

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

TELEPHONE: _____________________________

MAILING ADDRESS: _____________________________
(If different from physical location of home) P.O. Box or Number and Street  City  County  State  Zip

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

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: ______________________

HCD MAC 420 (Rev. 08/20) Side 2