## Department of Housing and Community Development Division of Codes and Standards Mobilehome Assistance Center

Program(s): OL NAO SAO MRL LEA Civil Other\_



## **REQUEST FOR ASSISTANCE—Manufactured Home Sales and Warranty**

HCD MAC 420 (Rev. 08/20)

<u>For complaints alleging</u>: 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 (COMPLAI	INANT) □ Request for	☐ Request for Translator: (Language)			
NAME:	Find				
Last	First			MI	
PHYSICAL LOCATION OF HOME:	r and Street City	County	State	Zip	
TELEPHONE:		- County	0.0.0	<u></u>	
MAILING ADDRESS:	Rox or Number and Street City	County	State	Zip	
EMAIL ADDRESS:	•		Oldic		
SECTION 2: SELLER INFORMATION					
PURCHASED THROUGH: (Check one)	Dealer ☐ Real Esta General Contractor ☐ Park (Own	•	ivate Party		
[Attach copies of documents such as your purch	hase agreement(s), receipt(s) for o	leposit(s), transfer dis	sclosure staten	nent, etc.]	
•					
DEALER/SELLER NAME:	LICENS	SE #: F	PHONE:		
			·		
DEALER/SELLER NAME:SALESPERSON/AGENT NAME:ADDRESS:	LICENS	SE #: F	PHONE:		
DEALER/SELLER NAME:			·		
DEALER/SELLER NAME:SALESPERSON/AGENT NAME:ADDRESS:	LICENS	SE #: F	PHONE:	Zip	
DEALER/SELLER NAME:SALESPERSON/AGENT NAME:ADDRESS:Number and Street	LICENS	SE #: F	PHONE:	Zip	
DEALER/SELLER NAME:  SALESPERSON/AGENT NAME:  ADDRESS:  Number and Street  DATE OF SALE/PURCHASE:	City  DEALER REPORT O	SE #: F	PHONE:	Zip	
DEALER/SELLER NAME:  SALESPERSON/AGENT NAME:  ADDRESS:  Number and Street  DATE OF SALE/PURCHASE:  DATE OF DELIVERY:	City  DEALER REPORT (	SE #: F	PHONE:	Zip	
DEALER/SELLER NAME:SALESPERSON/AGENT NAME:  ADDRESS:Number and Street  DATE OF SALE/PURCHASE:  DATE OF DELIVERY:  DATE ESCROW CLOSED:  SECTION 3: MANUFACTURER INFORMATION MANUFACTURER NAME:	City  DEALER REPORT O	SE #:F  County  DF SALE NUMBER: (	State (if available)	Zip	
DEALER/SELLER NAME:  SALESPERSON/AGENT NAME:  ADDRESS:	City  DEALER REPORT O	SE #:F  County  DF SALE NUMBER: (	State (if available)	Zip	

Warranty Data:  $\square$  Structural  $\square$  Mechanical  $\square$  Electrical  $\square$  Fire/Safety  $\square$  General

SECTION 4: MANUFACTURED HOME			
MAKE/MODEL NAME:			
	SERIAL NUMBER(S):		
This decal is in red or blue, 3 by 5 inches	PLATE NUMBER(S):	ront of your manufactured	d home. or license plate.
	ER(S): by 4 inches in size, and found at the rear of inches in size, and located at rear of each s		
REGISTERED OWNER NAME(S): (if dif	fferent from your name)		
SECTION 5: INSTALLER INFORMATION	ON (if applicable)		
MANUFACTURED HOME INSTALLER	BUSINESS NAME:		
ADDRESS:			
Number and St	treet City	State	Zip
PHONE:	LICENSE #:		(if applicable)
<ul> <li>Be brief and to the point, do not</li> <li>Attach any copies (not originals</li> <li>You may attach additional sheet</li> </ul>	t elaborate or add narratives, list only the part of documents relating to the problem (salts if needed to further explain the problems alid unless the manufacturer or dealer has	roblem (i.e., floor squeak les contract, warranty, etc listed above (not require	s in 2 <sup>nd</sup> bedroom). c.). d).
No. Li	ist each item of your complaint in the space	e provided below	
1			
2			
3			
4			
5			
6			
7			
8			
9			
SECTION 7: CERTIFICATION AND SIG	GNATURE		
I will testify to these facts, if requested to Development against any manufacturer, either laws or regulations. I understand t	complaint, and any attachments hereto, is do so, in any action brought by the Depar dealer, seller or any person or persons fouthat copies of this complaint may be given to the manufacturer	tment of Housing and Co und by the Department to to other agencies respons	ommunity be in violation of sible for investigation
SIGNATURE:		DATE:	
SIGNED IN THE CITY OF:	COUNTY:	s	TATE: