

Texas Department of Housing and Community Affairs
 MANUFACTURED HOUSING DIVISION
 P.O. Box 12489 Austin, Texas 78711-2489
 (800) 500-7074, (512) 475-2200 Fax (512) 475-1109
HABITABILITY INSPECTION FORM
(NOT FOR SALVAGE INSPECTIONS)

H -

For change in designated use from either Real Property, Business Use or Non Residential Use.

BLOCK 1: HOME INFORMATION

Label Number:		Serial Number:	
Label Number:		Serial Number:	
Label Number:		Serial Number:	

BLOCK 2: CONTACT INFORMATION

Contact Person:		Phone		Alt Phone	
Retailer/Rebuilder:				Lic #	

BLOCK 3: CONSUMER INFORMATION

Homeowner:		Phone		Alt Phone	
Location of Home:	<i>Physical Location, City, ZIP</i>				

BLOCK 4: INSPECTION DETAIL

	Criteria	Yes	No
1.	Plumbing is in safe working order.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Heating systems are in safe working order.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Electrical systems are in safe working order.	<input type="checkbox"/>	<input type="checkbox"/>
4.	Walls are free of substantial openings not designed and are structurally sound.	<input type="checkbox"/>	<input type="checkbox"/>
5.	Exterior doors are in place and will open and close.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Windows are in place and will open and close.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Floor is free of substantial openings not designed and is structurally sound.	<input type="checkbox"/>	<input type="checkbox"/>
8.	Roof is free of substantial openings not designed and is structurally sound.	<input type="checkbox"/>	<input type="checkbox"/>
9.	Fire blocking is installed where applicable (recommended).	<input type="checkbox"/>	<input type="checkbox"/>
10.	Smoke detector(s) installed and operational (recommended).	<input type="checkbox"/>	<input type="checkbox"/>
11.	Home free of other defects, damage, or deterioration creating dangerous situation or condition.	<input type="checkbox"/>	<input type="checkbox"/>
12.	Are the original HUD Tag(s) or Texas Seal(s) affixed to the home?	<input type="checkbox"/>	<input type="checkbox"/>
12a.	If attached, does the Label or TX Seal number(s) match the above? Any discrepancies, please comment below.	<input type="checkbox"/>	<input type="checkbox"/>

BLOCK 5: INSPECTION RESULTS

<input type="checkbox"/>	First Inspection PASSED	Date:
<input type="checkbox"/>	First Inspection FAILED	Date:
<input type="checkbox"/>	Second Inspection PASSED	Date:
<input type="checkbox"/>	Second Inspection FAILED	Date:
<input type="checkbox"/>	Third Inspection PASSED	Date:
<input type="checkbox"/>	Third Inspection FAILED	Date:

Explanation: *(Precede each discrepancy with appropriate line item number)*

Inspector Printed Name:	
Inspector Signature:	Date: