CONSUMER COMPLAINTS

WHAT TO EXPECT FROM THE COMPLAINT PROCESS

We will provide a copy of your complaint to each party (manufacturer, retailer, salesperson, installer, broker, etc.) that may possibly be involved and ask that they respond. We will ask that their response be supported by appropriate copies of documents from the records they are required to maintain.

If your home has not been previously inspected by our Department or if the complaint involves a warranty, installation, or other issue with the home itself, we will schedule an inspection of your home. The inspection will be conducted by an inspector from one of our field offices. Other possible affected parties, such as the manufacturer, retailer, and the installer, will be notified of the inspection and may attend. The inspector will inspect the home to address the items raised in your complaint and any other items you call to their attention.

If during the inspection of your home we identify any instance where a licensee has failed to comply with a requirement under the laws or rules that we administer, we will require corrective action. We will issue warranty orders to each party required to take corrective action and give them no more than thirty (30) days (unless extended for a good cause) to correct the problems and an additional five (5) days to provide us with evidence that corrective action was taken. The Department will, if needed, contact you to verify the adequacy of corrective action. It may be necessary to re-inspect.

We do not have jurisdiction over persons or parties acting outside the scope of the state and federal laws and rules that we administer. If we find that laws and/or rules outside our jurisdiction are involved we will notify you and do our best to refer you to any other agency(ies) that might be of assistance.

IMPORTANT

- The complaint form is attached for your use. After the Department has reviewed your complaint and determined that a possible deviation exists, a consumer complaint inspector will contact you to schedule an inspection. The inspector will notify the appropriate license holders of the time, date, and location. The inspector's jurisdiction is limited to making a determination whether or not each complaint is covered by Federal Standards, State Standards, and/or manufacturer, retailer, and/or installer warranty.
- After completing the consumer complaint inspection, the inspector will mail a report to all concerned parties
 that will detail all determinations and assigned responsibilities. The license holder is given thirty (30)
 calendar days to repair any warranty items identified in the report. You are required to provide access to your
 home for repair of warranty items. NOTE: Failure to provide access to your home for repair of warranty
 items could result in closure of your case by the State.
- A pamphlet regarding the Manufactured Homeowner's Recovery Trust Fund is available on the web (http://www.tdhca.state.tx.us/mh/consumer.htm) or by calling 1-877-313-3023.

IMPORTANT NOTE: IF THIS COMPLAINT INVOLVES A CLAIM ON THE TEXAS MANUFACTURED HOMEOWNER'S RECOVERY TRUST FUND REGARDING AN OUT OF BUSINESS LICENSEE, IT MUST BE SWORN TO AND EXECUTED BEFORE A NOTARY PUBLIC.

Used Homes Under Warranty

• You have sixty (60) calendar days after the date of sale, exchange, or lease-purchase agreement to notify the seller in writing of any defects that make the home not habitable. Failure to give this required notice terminates any obligations and liabilities of the seller. You cannot sell a home "As is." Please include a copy of your contract with the complaint form.

Texas Department of Housing and Community Affairs

MANUFACTURED HOUSING DIVISION

1106 CLAYTON LANE, SUITE 270W
P. O. BOX 12489 Austin, Texas 78711-2489
(877) 313-3023 FAX (512) 475-3506
Internet Address: www.tdhca.state.tx.us/mh/index.htm

| (Department Use Only) | | | | | | | | |
|-----------------------|--|--|--|--|--|--|--|--|
| MHD#: | | | | | | | | |
| Investigator: | | | | | | | | |

| CONSUMER COMPLAINT FORM | | | | | | | | | | |
|--|------|------|---|---------|-----|---|-------|--------|---|--|
| Sections A through F must be properly completed to process the complaint. | | | | | | | | | | |
| Section A Notice: Under the Public Information Act, this complaint and the complainant's identity are subject to disclosure. | | | | | | | | | | |
| You, as the complaining party: (Type or print legibly in black ink) | | | | | | | | | | |
| Name (Complainant): | | | | | | | | | | |
| Mailing Address: | | | | | | | | | | |
| City/State/ZIP: | | | | | | | | | | |
| Telephone Numbers: | Wk (|) | | Hm (| |) | - | Cell (|) | |
| Email Address: | | | | | | | Fax (|) | | |
| Section B | | | | | | | | | | |
| Provide the complete address of the manufacturer, retailer and/or installer: | | | | | | | | | | |
| MANUFACTURER: | | | | | | | | | | |
| Address: | | | | | | | | | | |
| City/State/ZIP: | | | | | | | | | | |
| Telephone Numbers: | | Work | (|) | | | Fax (| |) | |
| RETAILER: | | | | | | | | | | |
| Address: | | | | | | | | | | |
| City/State/ZIP: | | | | | | | | | | |
| Telephone Numbers: | | Work | (|) | | | Fax (| |) | |
| INSTALLER: | | | | | | | | | | |
| Address: | | | | | | | | | | |
| City/State/ZIP: | | | | | | | | | | |
| Telephone Numbers: | | Work | (|) | | | Fax (| |) | |
| OTHER: | | | | | | | | | | |
| Address: | | | | | | | | | | |
| City/State/ZIP: | | | | | | | | | | |
| Telephone Numbers: | | Work | (|) | | | Fax (| |) | |
| | | | | Section | n C | | | | | |
| Instructions: Combine ALL complaint items, including items listed in manufacturer/retailer punch list or walk through quality checks, into ONE MASTER LIST. Include ONLY THOSE ITEMS THAT HAVE NOT BEEN REPAIRED. Number each individual item sequentially, and follow with a brief description. Do not describe your problems in a paragraph format. | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| *For more items, please attach additional pages.* | | | | | | | | | | |

| Please attach a copy of all written notifications, any certified mail receipts, and your contract or purchase agreement. | | | | | | | | | | | |
|--|--|--------------------|----------------------------|---------|----------|--|--|--|--|--|--|
| Manufacturer: | Section D Width: Length: | | | | | | | | | | |
| Year Model: | | Purchase Date: | Widdi. | New () | Used () | | | | | | |
| HUD Label or Texas Se | | Turenuse Bute. | | 11000 | 0500 () | | | | | | |
| Complete Serial #s: | | | | | | | | | | | |
| Date Installed: | County where home is located: | | | | | | | | | | |
| Physical | | | | | | | | | | | |
| Address of home: | Address | State | ZIP | | | | | | | | |
| Was home purchased by | ed by itself (as personal property) or with land (as real property)? Personal () Real () | | | | | | | | | | |
| Do you have a title or a Statement of Ownership and Location in your name? Yes () No () If no, | | | | | | | | | | | |
| please attach a copy of any of the following documents that you may have: Bill of sale, purchase agreement, any title documents. | | | | | | | | | | | |
| Name | Address | | City | State | ZIP | | | | | | |
| Section E | | | | | | | | | | | |
| | How to locate | the HUD label numb | er on the manufactured hom | e. | | | | | | | |
| Back End of Home Tow Bar End Is Front End The aluminum HUD label is 2" x 4" and has a three letter prefix, such as TEX0000000. It is generally located on the back end outside of the home in the lower left corner. | | | | | | | | | | | |
| Section F | | | | | | | | | | | |
| If requesting an inspection, a map and detailed directions to the home must be provided. Map: | | | | | | | | | | | |
| 124.00 | | North | 1 | | | | | | | | |
| West | | | | | East | | | | | | |
| | | | | | | | | | | | |
| South | | | | | | | | | | | |
| Written directions: | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Complainant's Signature | | | | | | | | | | | |
| Under penalty of perjury, I hereby swear that the matters set forth in this complaint are, to the best of my knowledge, true and correct. | | | | | | | | | | | |
| | | | | | | | | | | | |
| (Signature of OWNER) | | | (Date) | | | | | | | | |