

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
 (FOR CHANGE IN USE FROM REAL PROPERTY OR BUSINESS USE)

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FOR DEPARTMENT USE ONLY

Field Office:		Date Assigned:	
Inspector:		Date Assigned:	

BLOCK 1: HOME INFORMATION

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

BLOCK 2: LICENSE HOLDER INFORMATION

Contact Person:		Cell:		Office:	
Retailer/Rebuilder:		Lic #			

BLOCK 3: CONSUMER INFORMATION

Homeowner:		Cell:		Home:	
Location of Home:	<i>Physical Location</i>			<i>City</i>	<i>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"/>

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 Signature:	Date:
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