

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
 Internet Address: www.tdhca.state.tx.us/mh/index.htm

FIELD VERIFICATION INSPECTION REQUEST FORM

BLOCK 1: Inspection Requested By (Required):

Name:			
Address:			
City/State/ZIP:			
Email:			
Phone:		Fax:	

BLOCK 2: Site Information (Required):

Physical Address:			
City/State/ZIP:			
County:			
Directions (if necessary):			
Type of Verification Needed:	<input type="checkbox"/> HUD Label Number <input type="checkbox"/> Make/Model <input type="checkbox"/> Physical Address <input type="checkbox"/> Occupied By Resident <input type="checkbox"/> Serial Number <input type="checkbox"/> Size <input type="checkbox"/> Type of home(s) on site (HUD Code, modular, or site built)		
Reason for Inspection	<input type="checkbox"/> Requested by homeowner to locate home identification <input type="checkbox"/> Requested by Lender for titling purposes <input type="checkbox"/> Repossession Pending <input type="checkbox"/> Other: _____		

BLOCK 3: Inspection Findings (Department Use Only)

Internal File Number Assigned By Austin:				
Manufacturer Name:			Model:	
Address:			Date of Manufacturer:	
City, State, Zip:			Total Square Feet:	
License Number:			Wind Zone:	
	<i>Label/Seal Number</i>	<i>Complete Serial Number</i>	<i>Size</i>	<i>Type of Improvement:</i>
Section 1:			X	<input type="checkbox"/> HUD Code <input type="checkbox"/> Modular <input type="checkbox"/> Site Built
Section 2:			X	
Section 3:			X	
Section 4:			X	
Inspector's Comments (if applicable):				
_____ <i>Printed Name of Inspector</i>		_____ <i>Signature of Inspector</i>		_____ <i>Date</i>