

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)**

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**FOR DEPARTMENT USE ONLY**

For change in designated use from either real property or business use.

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, City, ZIP</i>				

**BLOCK 4: INSPECTION DETAIL**

	Criteria	Yes	No
1.	Plumbing is in safe working order.		
2.	Heating systems are in safe working order.		
3.	Electrical systems are in safe working order.		
4.	Walls are free of substantial openings not designed and are structurally sound.		
5.	Exterior doors are in place and will open and close.		
6.	Windows are in place and will open and close.		
7.	Floor is free of substantial openings not designed and is structurally sound.		
8.	Roof is free of substantial openings not designed and is structurally sound.		
9.	Fire blocking is installed where applicable (recommended).		
10.	Smoke detector(s) installed and operational (recommended).		
11.	Home free of other defects, damage, or deterioration creating dangerous situation or condition.		

**BLOCK 5: INSPECTION RESULTS**

<b>First Inspection PASSED</b>	<b>Date:</b>
<b>First Inspection FAILED</b>	<b>Date:</b>
<b>Second Inspection PASSED</b>	<b>Date:</b>
<b>Second Inspection FAILED</b>	<b>Date:</b>
<b>Third Inspection PASSED</b>	<b>Date:</b>
<b>Third Inspection FAILED</b>	<b>Date:</b>

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

Inspector Signature:	Date:
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