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**Texas Department of Housing and Community Affairs**  
**Manufactured Housing Board Meeting**  
**January 21, 2011**

Michael H. Bray, Chair

Devora D. Mitchell, Member

Pablo Schneider, Member

Sheila M. Vallés-Pankratz, Member

Donnie W. Wisenbaker, Member

**Texas Department of Housing and Community Affairs  
Manufactured Housing Board Meeting**

**January 21, 2011**

**ROLL CALL**

|                                   | <u>Present</u> | <u>Absent</u> |
|-----------------------------------|----------------|---------------|
| Michael H. Bray, Chair            | _____          | _____         |
| Devora D. Mitchell, Member        | _____          | _____         |
| Pablo Schneider, Member           | _____          | _____         |
| Sheila M. Vallés-Pankratz, Member | _____          | _____         |
| Donnie W. Wisenbaker, Member      | _____          | _____         |
| Number Present                    | _____          |               |
| Number Absent                     |                | _____         |

\_\_\_\_\_, Presiding Officer

**MANUFACTURED HOUSING BOARD MEETING**  
**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS**  
**Rusk State Office Building, 208 E. 10th Street, Room 320**  
**Austin, Texas 78701**

**January 21, 2011      10:30 a.m.**

**AGENDA**

**CALL TO ORDER, ROLL CALL**

Chair

**CERTIFICATION OF QUORUM**

Chair

The Board of the Manufactured Housing Division of the Texas Department of Housing and Community Affairs (TDHCA) will meet to consider and possibly act upon:

**ACTION ITEMS**

- Item 1. Consideration and action to approve the minutes of the board meeting on October 15, 2010. Chair
- Item 2. Presentation, discussion and action concerning the consideration of SOAH Proposal for Decision: In the Matter of the Complaint of TDHCA vs. Wholesale Homes, Inc., Retailer License No. RBI-34625, Docket Number: 332-10-4676. Amy Morehouse
- The Board may go into executive session for consultation with attorney on the above order pursuant to Sec. 551.071, Texas Government Code.*
- Item 3. Consideration and possible action to approve the proposed amendments to 10 TAC, §80.100 for publication as proposed in the Texas Register for public comment. Joe Garcia

**REPORT ITEMS**

1. Executive Director's Report to include issues relating to the operations, budget, and performance of the Manufactured Housing Division. Joe Garcia

**PUBLIC COMMENT**

Chair

**EXECUTIVE SESSION**

Chair

*Note: The Board may go into executive session (close its meeting to the public) on any agenda item if appropriate and authorized by the Open Meetings Act, Texas Government Code, Chapter 551.*

- (a) If necessary, the Board will go into executive session to discuss Personnel Matters pursuant to Sec. 551.074, Texas Government Code.
- (b) If necessary, the Board will go into executive session for Consultation with Attorney pursuant to Sec. 551.071, Texas Government Code.

**RECONVENE**

Chair

Reconvene in public session and take action on any matters coming out of Executive Session.

**ADJOURN**

Chair

To access this agenda or request information, please visit our website at [www.tdhca.state.tx.us](http://www.tdhca.state.tx.us) or contact Sharon Choate, TDHCA/MHD, 1106 Clayton Lane, Suite 270W, Austin, Texas 78723, 512-475-2206, [sharon.choate@tdhca.state.tx.us](mailto:sharon.choate@tdhca.state.tx.us).

*Individuals who require auxiliary aids, services or translators for this meeting should contact Gina Esteves, ADA Responsible Employee, at 512-475-3943 or Relay Texas at 1-800-735-2989 at least two days before the meeting so that appropriate arrangements can be made.*

*Agenda Action Item No. 1*

**MINUTES OF THE REGULAR MEETING OF THE  
MANUFACTURED HOUSING BOARD**

On Friday, October 15, 2010, at 10:06 a.m., there was a regular meeting of the Manufactured Housing Board (the "Board") at 1500 N. Congress, Capitol Extension Committee E2.028. Michael Bray presided. Pablo Schneider, Donnie Wisenbaker and Sheila Vallés-Pankratz constituting a quorum, attended. Devora Mitchell was absent. The following Manufactured Housing Division (the "MHD") staff were present: Joe Garcia, Amy Morehouse, Kassu Asfaw, and Sharon Choate. From the Texas Department of Housing and Community Affairs (other than the MHD) Gordon Anderson was present.

Michael Bray called the roll and confirmed the presence of a quorum.

Michael Bray asked for a motion to approve the minutes from the board meeting on June 25, 2010. Upon motion of Sheila Vallés-Pankratz, duly seconded by Pablo Schneider, the minutes of the previous meeting were unanimously approved. Donnie Wisenbaker was not present to vote on this action. He arrived shortly after the action item was approved.

Amy Morehouse delivered the Sunset review update.

Joe Garcia delivered the Executive Director's Report.

The Board ended the regular session at 11:25 a.m. to go into an Executive Session.

At 11:27 a.m., the Board went into Executive Session to discuss personnel matters relating to the Executive Director's compensation review pursuant to Sec. 551.074, Texas Government Code. The board reconvened in open session at 12:15 p.m.

Pablo Schneider made a motion to give a \$5,000 bonus to the executive director of the Manufactured Housing Division, duly seconded by Sheila Vallés-Pankratz, the motion was unanimously approved.

The next board meeting was tentatively set for Friday, January 21, 2011, to begin at 10:30 a.m.

There being no further business to come before the board, the meeting was adjourned at 12:20 p.m.

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Sharon Choate, Secretary

Approved:

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Michael Bray, Presiding Chair

*Pursuant to Sec. 551.022 of the Texas Government Code, a copy of the transcript of the above mentioned meeting is public record and is available for inspection and copying on request to the governmental body's chief administrative officer or the officer's designee.*



**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS**  
**MANUFACTURED HOUSING DIVISION**

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**Rick Perry**  
GOVERNOR

**Joe A. Garcia**  
EXECUTIVE DIRECTOR

*Agenda Action Item No. 2*

**Board Members**

*Presiding Officer*, Michael H. Bray  
Devora Denise Mitchell  
Donnie W. Wisenbaker  
Pablo Schneider  
Sheila M. Valles-Pankratz

**TO:** Governing Board of the Manufactured Housing Division of the Texas Department of Housing and Community Affairs

**FROM:** Amy Morehouse, Director of Enforcement

**THROUGH:** Joe A. Garcia, Executive Director

**SUBJECT:** Summary of Wholesale Homes, Inc. Disciplinary Case

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Respondent: Wholesale Homes, Inc.  
License type/number: Retailer/Broker/Installer License MHDRET00034625  
Docket Number: 332-10-4676  
Complaint Number: Complaint No. MHD2010000251-LRV  
Complaint No. MHD2010000347-LRV  
Complaint No. MHD2010000427-LRV

**Background**

Wholesale Homes, Inc., (Respondent) License No. RBI-34625, is licensed by the Texas Manufactured Housing Division of the Texas Department of Housing and Community Affairs (Department).

On September 14, 2009, Dan Rathke gave Respondent a \$9,000.00 deposit but asked in writing for a refund on February 9, 2010. However, Respondent refunded the deposit on April 9, 2010, 43 days late.

Respondent accepted a \$10,000.00 deposit from Otis Wilson. On November 18, 2009, Mr. Wilson requested in writing the return of his deposit. On March 8, 2010, the Manufactured Housing Division issued of a default order which found a violation and required the respondent to refund the money and pay a \$1,000.00 penalty for failure to refund the deposit **within 30 days of the date this Default Order was issued.** On May 24, 2010, Respondent paid a \$1,000.00 administrative penalty and refunded Mr. Wilson's \$10,000.00 deposit, 172 days after it was due.

On April 9, 2009, Respondent signed a consent order agreeing to pay the administrative

penalty of \$500 and completing eight hours of continued education for two separate violations of Section 1201.151 of the Texas Occupations Code. These two violations concerned Respondent's failure to timely refund a \$1,000 deposit to Alice Honea and a \$1,000 deposit to Steve and Denise Parrish. Respondent timely complied with this consent order, paid the administrative penalty and refunded the deposits.

On February 18, 2010, a Department inspector conducted an inspection of five of Respondent's files. All five files were missing some of the documents the Department requires retailers to keep on file.

For three sales of the manufactured home, Respondent failed to submit the application for the issuance of the Statement of Ownership and Location not later than the 60<sup>th</sup> day after the date of the retail sale because a title company was in possession of the original documentation.

For two sales of a manufactured home, Respondent failed to submit original Manufacturer's Certificate of Origin with the application for the issuance of the Statement of Ownership and Location because a title company was in possession of the original documentation

## **Violations**

1. Respondent violated TEX. OCC. CODE § 1201.151(a) by failing to refund one customer's deposit within 15 days of receiving a written request for a refund from the customer.
2. Respondent violated TEX. OCC. CODE § 1201.103(a-1) by failing to maintain all the required records for five sales at its principal place of business.
3. Respondent violated TEX. OCC. CODE § 1201.204 for three sales by failing to timely submit an application for issuance of a Statement of Ownership and Location not later than the 60<sup>th</sup> day after the date of sale.
4. Respondent violated TEX. OCC. CODE § 1201.206 for two sales by failing to submit an original Manufacturer's Certificate of Origin.

The Department also believes there was a violation of the following laws based on the facts found in the Proposal for Decision:

5. Respondent violated TEX. OCC. CODE ANN. § 1201.551(a) which states that the director may deny, permanently revoke, or suspend for a definite period and specialized sales location or geographic area a license if the director determines that the applicant or license holder:
  - (1) knowingly or willingly violated a chapter, a rule adopted **or order** issued under this chapter;
  - (2) unlawfully retained or converted money, property, or any other thing of value from a consumer in the form of a down payment, sales, or use tax, deposit, or insurance premium.

## **Hearing before the State Office of Administrative Hearings**

After proper notice, an administrative hearing was held on August 26, 2010. An Administrative Law Judge (ALJ) at the State Office of Administrative Hearings (SOAH) issued the attached Proposal for Decision (PFD) as a result of that hearing. The Department disagreed with a portion of the ALJ's findings and Conclusions of Law, and the attached Exceptions were filed by the Department on October 28, 2010. The respondent filed the attached Reply on November 12, 2010. The Administrative Law Judge overruled the exceptions on November 19, 2010 (See attached). The Department staff believes the ALJ misinterpreted Section 1201.551(a)(1) and (2) of the Occupations Code.

## **Proposal for Decision**

The Proposal for Decision dated October 14, 2010 and the response dated November 19, 2010, recommends that the Department fine the Respondent \$3,500.00 for violations of TEX. OCC. CODE §§ 1201.151, 1201.103, 1201.204, 1201.206 and did not find a violation of TEX. OCC. CODE § 1201.551(a)(1) or (2).

## **Department Recommendation**

The Department recommends that TEX. OCC. CODE § 1201.551(a) (1) and (2) be added to the Conclusions of law and based on this addition the penalty be adjusted. The Respondent clearly had knowledge of the law and facts, but knowingly and willingly failed to comply with a Department order and converted a consumer's deposit by failing to timely refund the consumer's money. The Department would recommend a \$3,500.00 fine with 2 years of suspended probation. If an additional violation is discovered during the two year probation period the license will be automatically suspended.

### *Agenda Action Item No. 3*

**Preamble for Proposed Manufactured Housing Rules**  
*Administrative Rules of the Texas Department of Housing and Community Affairs*  
*10 Texas Administrative Code, Chapter 80*

The Manufactured Housing Division of the Texas Department of Housing and Community Affairs (the "Department") proposes to amend 10 Texas Administrative Code, §80.100 relating to the regulation of the manufactured housing program. The rules are revised for clarification purposes; to update licensing applications to include suggestions recommended during the Sunset Review Licensing Audit and the internal audit conducted; and to add the meaning of "Lease Purchase" to the disclosure statement as suggested during a public comment period at a Manufactured Housing Board meeting.

Section 80.100(a): Added new form numbers to the List of Forms identified as §80.100(a)(47), Field Verification Inspection Request Form and §80.100(a)(48), Adding and Deleting a Related Person to a License Record form.

Figure: 10 TAC §80.100(b)(1): Revised the Application for Manufacturer's License for clarification, added fields for applicant to provide their email and Web site address, added a field for applicant to provide the social security number of persons that directly or indirectly participate in management or policy decisions, included statement that social security numbers are now required for processing applications, updated criminal background section, and added question asking if applicant is in arrears of any child support as required by the family code.

Figure: 10 TAC §80.100(b)(2): Revised the Application for Retailer, Broker, Installer and/or Rebuilder's License for clarification, added fields for applicant to provide their email and Web site address, added a field for applicant to provide the social security number of persons that directly or indirectly participate in management or policy decisions, included statement that social security numbers are now required for processing applications, updated criminal background section, and added question asking if applicant is in arrears of any child support as required by the family code.

Figure: 10 TAC §80.100(b)(3): Revised the Application for Retailer with Branch Locations License for clarification, added fields for applicant to provide their email and Web site address, added a field for applicant to provide the social security number of persons that directly or indirectly participate in management or policy decisions, included statement that social security numbers are now required for processing applications, updated criminal background section, and added question asking if applicant is in arrears of any child support as required by the family code.

Figure: 10 TAC §80.100(b)(4): Revised the Application for Salesperson's License for clarification, included statement that social security numbers are now required for processing applications, updated criminal background section, and added question asking if applicant is in arrears of any child support as required by the family code.

Figure: 10 TAC §80.100(b)(5): Revised the Continuous Manufactured Housing Licensing Surety Bond form for clarification.

Figure: 10 TAC §80.100(b)(8): Revised the Consumer Disclosure Statement form to include the meaning of "Lease Purchase."

Figure: 10 TAC §80.100(b)(16): Revised the Notice of Installation (Form T) by reformatting information for clarification.

Figure: 10 TAC §80.100(b)(19): Revised the Application for Statement of Ownership and Location for clarification.

Figure: 10 TAC §80.100(b)(25): Revised the Release or Foreclosure of Lien form for clarification.

Figure: 10 TAC §80.100(b)(35): Revised the Application for License Renewal (other than a salesperson) for clarification, added fields for applicant to provide their email and Web site address, added a field for applicant to provide the social security number of persons that directly or indirectly participate in management or policy decisions, included statement that social security numbers are now required for processing applications, updated criminal background section, and added question asking if applicant is in arrears of any child support as required by the family code.

Figure: 10 TAC §80.100(b)(38): Revised the Provisional Installation Notice of Installation (Form T) by reformatting information for clarification.

Figure: 10 TAC §80.100(b)(42): Revised the Application for Salesperson's License Renewal for clarification, included statement that social security numbers are now required for processing applications, updated criminal background section, and added question asking if applicant is in arrears of any child support as required by the family code.

Figure: 10 TAC §80.100(b)(47): Added new form to request a field verification inspection.

Figure: 10 TAC §80.100(b)(48): Added new form for adding or deleting a related person to a license record.

Joe A. Garcia, Executive Director of the Manufactured Housing Division of the Texas Department of Housing and Community Affairs, has determined that for the first five-year period that the proposed rules are in effect there will be no fiscal implications for state or local government as a result of enforcing or administering these sections. There will be no effect on small or micro-businesses because of the proposed amendments. There are no anticipated economic costs to persons who are required to comply with the proposed rules.

Mr. Garcia also has determined that for each year of the first five years that the proposed rules are in effect the public benefit as a result of enforcing the amendments will be to provide clarification of procedures and to improve customer service by providing information necessary to comply with the Department's requirements.

Mr. Garcia has also determined that for each year of the first five years the proposed rules are in effect there should be no adverse effect on a local economy, and therefore no local employment impact statement is required under Administrative Procedure Act (APA), Texas Government Code §2001.022.

If requested, the Department will conduct a public hearing on this rulemaking, pursuant to the Administrative Procedure Act, Texas Government Code §2001.029. The request for a public hearing must be received by the Department within 15 days after publication.

Comments may be submitted to Mr. Joe A. Garcia, Executive Director of the Manufactured Housing Division of the Texas Department of Housing and Community Affairs, P. O. Box 12489,

Austin, Texas 78711-2489 or by e-mail at [mhproposedrulecomments@tdhca.state.tx.us](mailto:mhproposedrulecomments@tdhca.state.tx.us). The deadline for comments is no later than 30 days from the date that these proposed rules are published in the *Texas Register*.

The amended section is proposed under Section 1201.052 of the Texas Occupations Code, which provides the Director with authority to amend, add, and repeal rules governing the Manufactured Housing Division of the Department and Section 1201.053 of the Texas Occupations Code, which authorizes the board to adopt rules as necessary and the director to administer and enforce the manufactured housing program through the Manufactured Housing Division.

No other statutes, codes, or articles are affected by the proposed rules.

The agency hereby certifies that the proposed amended section has been reviewed by legal counsel and found to be within the agency's legal authority to adopt.

# Proposed Manufactured Housing Rules

*Administrative Rules of the Texas Department of Housing and Community Affairs  
10 Texas Administrative Code, Chapter 80*

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**Note: There are no proposed changes to Subchapters A through H.**

## **SUBCHAPTER I. FORMS**

### **§80.100. List of Forms.**

- (a) The following list is in numerical order with the forms located in subsection (b) of this section.
- (1) Application for Manufacturer's License.
  - (2) Application for Retailer, Broker, Installer and/or Rebuilder's License.
  - (3) Application for Retailer with Branch Locations License.
  - (4) Application for Salesperson's License.
  - (5) Licensing Surety Bond.
  - (6) Licensing Security Agreement.
  - (7) Manufacturer's Certificate of Origin (MCO).
  - (8) Consumer Disclosure Statement.
  - (9) Warranty and Disclosure for a Used Manufactured Home.
  - (10) Retail Monitoring Checklist.
  - (11) Consumer Notice of Licensed and Bonded Location.
  - (12) Notice and Informed Consent to the Installation of a Used Manufactured Home on an Improperly Prepared Site.
  - (13) Formaldehyde Notice.
  - (14) Texas Inventory Finance Security Form.
  - (15) Broker Disclosure Form.
  - (16) Notice of Installation (Form T).
  - (17) Installation Checklist.
  - (18) Estimate for Reassigned Warranty Work.
  - (19) Application for Statement of Ownership and Location.
  - (20) Affidavit of Fact for Real Property.
  - (21) Affidavit of Fact.
  - (22) Affidavit of Error.
  - (23) Affidavit of Fact for Right of Survivorship.
  - (24) Addendum to Application for SOL.
  - (25) Release or Foreclosure of Lien (Form B).
  - (26) Statement of Inheritance (Form C).
  - (27) Taxing Entity Application for Texas Seal (Form S).
  - (28) Multiple Application Log (Form M).
  - (29) Instructions to Third Party Closer.
  - (30) Notice of Tax Lien/Release Form.
  - (31) HUD Disclosure to Consumer Regarding Dispute Resolution.
  - (32) CTC Account Request Form.
  - (33) Site Preparation Notice for Used Homes Form.
  - (34) Sample of Statement of Ownership and Location.
  - (35) Application for License Renewal (other than a salesperson).
  - (36) Right of Rescission Waiver Form.
  - (37) List of Unlicensed Installers Form.
  - (38) Notice of Installation (Form T) for Provisional Installer's License.

- (39) Notice of Intent to Acquire Ownership of an Abandoned Home.
- (40) Affidavit of Fact for Abandonment.
- (41) Disclosure to Consumer (Possible Need to Vacate Home if Financing does not Close).
- (42) Application for Salesperson's License Renewal.
- (43) Application for Continuing Education Provider.
- (44) Statement from Tax Assessor-Collector.
- (45) Consumer Disclosure Statement (Spanish Version).
- (46) HUD Required Installation Program Disclosure to Consumer.
- (47) Field Verification Inspection Request Form.**
- (48) Adding or Deleting a Related Person to a License Record.**

(b) Forms.

- (1) Application for Manufacturer's License.

Texas Department of Housing and Community Affairs  
**MANUFACTURED HOUSING DIVISION**  
P. O. BOX 12489 Austin, Texas 78711-2489  
**(877) 313-3023 (800) 500-7074**, (512) 475-2200 FAX (512) 475-3506  
Internet Address: [www.tdhca.state.tx.us/mh/index.htm](http://www.tdhca.state.tx.us/mh/index.htm)

| <b>APPLICATION FOR MANUFACTURER'S LICENSE</b>   |                                    |   |                      |            |
|---|------------------------------------|---|----------------------|------------|
| <i>(Please type or print clearly.)</i>  |                                    |   |                      |            |
| Check one: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other  |                                    |   |                      |            |
| 1. Legal Business Name:   |                                    |   |                      |            |
| 2. Have you ever been licensed by TDHCA?  |                                    | [ ] YES [ ] NO    If yes, provide license number: |                      |            |
| 3. Physical Location Address:   |                                    | City, State, ZIP and County                       |                      |            |
| 4. Phone:   |                                    | Fax:  |                      |            |
| 5. Mailing Address:   |                                    | City, State, ZIP and County                       |                      |            |
| 6. Email Address:   |                                    | <a href="#">Website Address:</a>                  |                      |            |
| 67. Date <del>applicant became owner, operator (or date incorporated) of business registration or date incorporated:</del>  |                                    |   |                      |            |
| 78. Provide list of all <del>other business or trade names, or and the names of all</del> other business organizations <u>that are subject to this chapter regulation by the Department, in which you are principal or have ownership interest in and the name and address of any such business organization registered with the secretary of state (additional may be listed on a separate sheet).</u> |                                    |   |                      |            |
| <u>Business or Trade Name(s)</u>  |                                    | <u>Physical Address, City, State, and ZIP</u>     |                      |            |
|   |                                    |   |                      |            |
|   |                                    |   |                      |            |
|   |                                    |   |                      |            |
| 89. Provide complete information on ALL owners, principals, partners and/or corporate officers (additional may be listed on a separate sheet). <u>The social security number is now required.</u><br><i>NOTE: Providing your social security number is optional, HOWEVER, the processing of your application may be delayed without it.</i>   |                                    |   |                      |            |
| Legal Name and Title  | Mailing Address, City, State & ZIP | Phone   | Date of Birth        | SSN        |
|   |                                    |   |                      |            |
|   |                                    |   |                      |            |
|   |                                    |   |                      |            |
|   |                                    |   |                      |            |
|   |                                    |   |                      |            |
| 910. Provide complete list of all persons (other than the principals listed above), who directly or indirectly participate in management or policy decisions for this applicant. <u>The social security number is now required.</u>   |                                    |   |                      |            |
| Legal Name and Title  | Mailing Address, City, State & ZIP | Phone   | <u>Date of Birth</u> | <u>SSN</u> |
|   |                                    |   |                      |            |
|   |                                    |   |                      |            |
|   |                                    |   |                      |            |
|   |                                    |   |                      |            |
|   |                                    |   |                      |            |

|   |  |
|---|--|
| <p><b>1011. A CRIMINAL BACKGROUND CHECK WILL BE RUN. Have you, a corporate officer, or a partner, ever acquired a criminal record, which may consist of conviction, deferred adjudication, plead guilty, or nolo contendere, for any felony or misdemeanor offense, other than a Class C Misdemeanor for traffic violations, within the five years preceding this application? Have you, a corporate officer or partner, been convicted of any felony or misdemeanor offense, OTHER than a Class C misdemeanor for traffic violations, within the five years PRECEDING this application?</b></p>                                    | <p><input type="checkbox"/> <b>YES- NO</b> <input type="checkbox"/> <b>NO YES</b> If YES, complete the required Criminal <u>Record Affidavit Conviction Questionnaire</u> ensuring that you provide accurate and thorough details sufficient to persuade the Department that your conviction does not pose a threat to the consumer or the industry.<br/><b><u>A DPS criminal check will be performed. If a criminal record is identified within the last five years and the applicant checked "no" the license may be denied.</u></b></p> |
| <p><b>12. Are you in arrears on any taxes owed to the State of Texas?</b></p>   | <p><input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b><br/><b><u>If you answered YES, provide proof that you are in good standing or that you have made payment arrangements.</u></b></p>   |
| <p><b>13. Are you in arrears on a guaranteed student loan?</b></p>  | <p><input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b><br/><b><u>If you answered YES, provide proof that you are in good standing or that you have made payment arrangements.</u></b></p>   |
| <p><b>14. Are you in arrears of any child support required by the family code?</b></p>  | <p><input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b><br/><b><u>If you answered YES, provide proof that you are in good standing or that you have made payment arrangements. If not in good standing, please contact the Office of Attorney General's Child Support Division at (800) 252-8014.</u></b></p>  |
| <p><b>115. Plant Certification Date:</b></p>  |  |
| <p><b>126. Production Inspection Primary Inspection Agency Label Prefix:</b></p>  |  |
| <p><b>137. Design Approval Primary Inspection Agency:</b></p>   |  |
| <p><b>148. Provide physical address, city, state and ZIP, where records will be kept (this can be the principal location or an alternate in-state location):</b></p>  |  |
| <p><b>159. Will you have a manufacturing plant or service facility in Texas? <input type="checkbox"/> YES <input type="checkbox"/> NO</b></p>   |  |
| <p>If NO, to assure the availability of prompt and satisfactory warranty service, a manufacturer which does not have a licensed manufacturing plant or other facility in Texas from which warranty service and repairs can be provided and made, shall be bonded or post other security in an additional amount of \$100,000.</p> <p>Or, to be exempt from the additional security, you must have a bona fide service facility in Texas, pursuant to §80.40(d) of the Administrative Rules and §1201.106 of the Standards Act.</p> <p><b>Name of Facility:</b><br/><b>Address:</b><br/><b>City/State/ZIP:</b><br/><b>Phone:</b></p> |  |
| <p><b>Certification</b></p>   |  |
| <p>License is subject to revocation, if the Department is <b>NOT</b> notified in writing of any changes in the information given on this application or if there is a violation of the law.</p>   |  |
| <p>With knowledge of penalties for false statements, I certify that to the best of my knowledge all information submitted on this application and on all attached documents is true and correct.</p>  |  |
| <p>_____<br/><i>(Signature of Applicant or President, if incorporated)</i></p>  | <p>_____<br/><i>(Date)</i></p>   |
| <p>_____<br/><i>(Signature of Secretary, if incorporated)</i></p>   |  |
| <p><b>Department Use Only</b></p>   |  |
| <p><b>Education:</b><br/><input type="checkbox"/> 20 hours of Department Education in Austin, Texas</p>   | <p><b>Fees:</b><br/><input type="checkbox"/> \$850.00 Manufacturer Licensing Fee</p>   |
| <p><b>Additional Requirements:</b><br/><input type="checkbox"/> \$100,000 BOND/CD<br/><input type="checkbox"/> \$100,000 ADDITIONAL BOND/CD</p>   |  |

- (2) Application for Retailer, Broker, Installer and/or Rebuilder's License.

Texas Department of Housing and Community Affairs

MANUFACTURED HOUSING DIVISION

P. O. BOX 12489 Austin, Texas 78711-2489

(877) 313-3023 (800) 500-7074, (512) 475-2200 FAX (512) 475-1109

Internet Address: [www.tdhca.state.tx.us/mh/index.htm](http://www.tdhca.state.tx.us/mh/index.htm)

**APPLICATION FOR LICENSE**

**(FOR A RETAILER, BROKER, INSTALLER AND/OR REBUILDER)**

*(Please type or print clearly.)*

Check one:  Corporation  Partnership  Sole Proprietorship  Other

1. Legal Business Name:

2. Have you ever been licensed by TDHCA?  YES  NO If yes, provide license number:

3. Physical Location Address: City, State, ZIP and County

4. Phone: Fax: City, State, ZIP and County

5. Mailing Address: City, State, ZIP and County

6. Email Address: Website Address:

67. Date applicant became owner, operator (or date incorporated) of business registration or date incorporated:

78. Provide list of all other business or trade names, or and the names of all other business organizations that are subject to this chapter regulation by the Department, in which you are a principal or have ownership interest in and the name and address of any such business organization registered with the secretary of state (additional may be listed on a separate sheet).

| <u>Business or Trade Name(s)</u> | Physical Address, City, State, and ZIP |
|----------------------------------|--|
|                                  |  |
|                                  |  |
|                                  |  |

89. Provide complete information on ALL owners, principals, partners and/or corporate officers (additional may be listed on a separate sheet). The social security number is now required.  
NOTE: Providing your social security number is optional, HOWEVER, the processing of your application may be delayed without it.

| Legal Name and Title | Mailing Address, City, State & ZIP | Phone | Date of Birth | SSN |
|----------------------|------------------------------------|-------|---------------|-----|
|                      |                                    |       |               |     |
|                      |                                    |       |               |     |
|                      |                                    |       |               |     |
|                      |                                    |       |               |     |

910. Provide complete list of all persons (other than the principals listed above), who directly or indirectly participate in management or policy decisions for this applicant. The social security number is now required.

| Legal Name and Title | Mailing Address, City, State & ZIP | Phone | Date of Birth | <u>SSN</u> |
|----------------------|------------------------------------|-------|---------------|------------|
|                      |                                    |       |               |            |
|                      |                                    |       |               |            |
|                      |                                    |       |               |            |
|                      |                                    |       |               |            |

1011. A CRIMINAL BACKGROUND CHECK WILL BE RUN. Have you, a corporate officer, or a partner, ever acquired a criminal record, which may consist of conviction, deferred adjudication, plead guilty, or nolo contendere, for any felony or misdemeanor

YES- NO  NO YES If YES, complete the required Criminal Record Affidavit Conviction Questionnaire ensuring that you provide accurate and thorough details sufficient to persuade the Department that your conviction does not pose a threat to the consumer or the industry. A DPS criminal check will be performed. If a criminal record is identified within the last five years and the applicant checked "no" the license may be denied.

offense, other than a Class C Misdemeanor for traffic violations, within the five years preceding this application? Have you, a corporate officer or partner, been convicted of any felony or misdemeanor offense, OTHER than a Class C misdemeanor for traffic violations, within the five years PRECEDING this application?

**1112.** Indicate which type of license you are applying for:

R= Retailer     RB= Retailer/Broker     RI=Retailer/Installer     RBI=Retailer/Broker/Installer  
 B= Broker     I= Installer     RB=Rebuilder

**1213.** As applicable, indicate what function(s) you will be performing:     Transporting     Installation

**1314.** Are you in arrears on any taxes owed to the State of Texas?     YES     NO  
Are you in arrears on a guaranteed student loan?  
If you answered YES ~~to either question~~, provide proof that you are in good standing ~~with them~~ or that you have made payment arrangements.

**15. Are you in arrears on a guaranteed student loan?**     YES     NO  
**If you answered YES, provide proof that you are in good standing or that you have made payment arrangements.**

**16. Are you in arrears of any child support required by the family code?**     YES     NO  
**If you answered YES, provide proof that you are in good standing or that you have made payment arrangements. If not in good standing, please contact the Office of Attorney General's Child Support Division at (800) 252-8014.**

**17.** Provide physical address, city, state and ZIP, where records will be kept (this can be the principal location or an alternate in-state location):

**Certification**

License is subject to revocation, if the Department is NOT notified in writing of any changes in the information given on this application or if there is a violation of the law.

With knowledge of penalties for false statements, I certify that to the best of my knowledge all information submitted on this application and on all attached documents is true and correct.

(Signature of Applicant or President, if incorporated)    (Date)    (Signature of Secretary, if incorporated)    (Date)

**Department Use Only**

| <i>Education:</i>  | <i>Fees:</i>   | <i>Additional Requirements:</i>           |
|--|--|---|
| <input type="checkbox"/> 20 hours of Department Education in Austin, Texas | <input type="checkbox"/> \$250.00 Education Fee<br><input type="checkbox"/> \$550.00 Retailer Licensing Fee<br><input type="checkbox"/> \$350.00 Broker Licensing Fee<br><input type="checkbox"/> \$350.00 Installer Licensing Fee<br><input type="checkbox"/> \$900.00 Retailer/Broker Licensing Fee<br><input type="checkbox"/> \$900.00 Ret./Installer Licensing Fee<br><input type="checkbox"/> \$1250.00 Ret./Brok./Inst. Licensing Fee | <input type="checkbox"/> \$50,000 BOND/CD |

- (3) Application for Retailer with Branch Locations License.

Texas Department of Housing and Community Affairs

MANUFACTURED HOUSING DIVISION

P. O. BOX 12489 Austin, Texas 78711-2489

(877) 313-3023 (800) 500-7074, (512) 475-2200 FAX (512) 475-1109

Internet Address: [www.tdhca.state.tx.us/mh/index.htm](http://www.tdhca.state.tx.us/mh/index.htm)

**APPLICATION FOR RETAILER WITH BRANCH LOCATIONS LICENSE**  
(Please type or print clearly.)

Check one:       Corporation       Partnership       Sole Proprietorship       Other

1. Business Name: \_\_\_\_\_

    DBA Name: \_\_\_\_\_

2. Business Owner's Name: \_\_\_\_\_

3. Have you ever been licensed by TDHCA? YES / NO    If so, please provide license number: \_\_\_\_\_

|                      |      |       |     |        |           |
|----------------------|------|-------|-----|--------|-----------|
| 4. Location Address: | City | State | Zip | County | Phone/Fax |
|                      |      |       |     |        |           |

|                     |  |  |  |  |  |
|---------------------|--|--|--|--|--|
| 5. Mailing Address: |  |  |  |  |  |
|                     |  |  |  |  |  |

|                   |                  |
|-------------------|------------------|
| 6. Email Address: | Website Address: |
|                   |                  |

|                   |                  |
|-------------------|------------------|
| 6. Email Address: | Website Address: |
|                   |                  |

**7. Provide list of all other business or trade names, or other business organizations that are subject to regulation by the Department, in which you are a principal or have ownership interest in.**

| <u>Business or Trade Name(s)</u> | <u>Physical Address, City, State, and ZIP</u> |
|----------------------------------|---|
|                                  |   |
|                                  |   |
|                                  |   |

**68.** Date applicant became owner, operator (or date incorporated): \_\_\_\_\_

**79.** Provide complete information on ALL **owners, principals, partners and/or** corporate officers ~~or partners.~~ **(additional may be listed on a separate sheet). The social security number is now required.**

*NOTE: Providing your social security number is optional, HOWEVER, the processing of your application may be delayed without it.*

| Name and Title | Home Mailing Address | Home Phone | Date of Birth | SSN |
|----------------|----------------------|------------|---------------|-----|
|                |                      |            |               |     |
|                |                      |            |               |     |
|                |                      |            |               |     |
|                |                      |            |               |     |

**810. A CRIMINAL BACKGROUND CHECK WILL BE RUN. Have you, a corporate officer, or a partner, ever acquired a criminal record, which may consist of conviction, deferred adjudication, plead guilty, or nolo contendere, for any felony or misdemeanor offense, other than a Class C Misdemeanor for traffic violations, within the five years preceding this application? Have you, a corporate officer or partner, been convicted of any felony or misdemeanor offense, OTHER than a Class C misdemeanor for traffic violations, within the five years PRECEDING this application?**

**YES- NO**  **NO YES** If YES, complete the required Criminal **Record Affidavit Conviction Questionnaire** ensuring that you provide accurate and thorough details sufficient to persuade the Department that your conviction does not pose a threat to the consumer or the industry.  
**A DPS criminal check will be performed. If a criminal record is identified within the last five years and the applicant checked "no" the license may be denied.**

**911.** Indicate which type of license you are applying for:

- Register a primary location with branch locations specified on an attached sheet (attach bond for each location)  
 Register an additional branch location to an existing Retailers Branch

**1012.** What function(s) will you be performing:       Transporting       Installation

**1413.** Name of related person who attended licensing education class: \_\_\_\_\_

|   |  |
|---|--|
| <u>14. Are you in arrears on any taxes owed to the State of Texas?</u>          | <input type="checkbox"/> YES <input type="checkbox"/> NO<br><u>If you answered YES, provide proof that you are in good standing or that you have made payment arrangements.</u>  |
| <u>15. Are you in arrears on a guaranteed student loan?</u>                     | <input type="checkbox"/> YES <input type="checkbox"/> NO<br><u>If you answered YES, provide proof that you are in good standing or that you have made payment arrangements.</u>  |
| <u>16. Are you in arrears of any child support required by the family code?</u> | <input type="checkbox"/> YES <input type="checkbox"/> NO<br><u>If you answered YES, provide proof that you are in good standing or that you have made payment arrangements. If not in good standing, please contact the Office of Attorney General's Child Support Division at (800) 252-8014.</u> |

~~Are you in arrears on any taxes owed to the State of Texas?~~  YES  NO  
~~Are you in arrears on a guaranteed student loan?~~  YES  NO

**Certification**

License is subject to revocation, if the Department is **NOT** notified in writing of any changes in the information given on this application or if there is a violation of the law.  
 With knowledge of penalties for false statements, I certify that to the best of my knowledge all information submitted on this application and on all attached documents is true and correct.

\_\_\_\_\_  
*(Signature of Applicant or President, if incorporated)*                      *(Date)*                      *(Signature of Secretary, if incorporated)*                      *(Date)*

**Department Use Only**

| <b>Education:</b>  | <b>Fees:</b>   | <b>Additional Requirements:</b>           |
|--|--|---|
| <input type="checkbox"/> 20 hours of Department Education in Austin, Texas | <input type="checkbox"/> \$250.00 Education Fee<br><input type="checkbox"/> \$550.00 Retailer Licensing Fee<br><input type="checkbox"/> \$900.00 Retailer/Broker Licensing Fee<br><input type="checkbox"/> \$900.00 Ret./Installer Licensing Fee<br><input type="checkbox"/> \$1250.00 Ret./Brok/Inst. Licensing Fee | <input type="checkbox"/> \$50,000 BOND/CD |

(4) Application for Salesperson's License.

Texas Department of Housing and Community Affairs

MANUFACTURED HOUSING DIVISION

P. O. BOX 12489 Austin, Texas 78711-2489

(877) 313-3023 (800) 500-7074, (512) 475-2200 FAX (512) 475-3506

Internet Address: [www.tdhca.state.tx.us/mh/index.htm](http://www.tdhca.state.tx.us/mh/index.htm)

**APPLICATION FOR SALESPERSON'S LICENSE**

*(Please type or print clearly.)*

|  |                               |   |       |
|--|-------------------------------|---|-------|
| <b>1. Name of Salesperson:</b>   |                               | <b>2. Date of Birth:</b>  | —/—/— |
| <b>3. Home Address:</b>  |                               | <b>4. Social Security # (Required):</b>   |       |
| <b>City:</b>   | <b>State:</b>                 | <b>Zip:</b>   |       |
| <b>5. Telephone:</b><br>Home ( )   | <b>Telephone:</b><br>Work ( ) | <b>Fax:</b><br>( )  |       |
| <b>6. Sponsoring Retailer or Broker:</b>   |                               |   |       |
| Sponsoring Retailer's or Broker's Lic. #:  |                               |   |       |
| <b>7. Business Address:</b>  |                               |   |       |
| <b>City:</b>   | <b>State:</b>                 | <b>Zip:</b>   |       |
| <b>8. List dates, employer and address for each job or position at which you have worked for the past three years. All gaps in employment must be explained.</b>   |                               |   |       |
| (Dates)  | (Employer)                    | (Address)   |       |
| (Dates)  | (Employer)                    | (Address)   |       |
| (Dates)  | (Employer)                    | (Address)   |       |
| <b>9. Have you ever been licensed by TDHCA? YES / NO If so, please provide license number:</b>   |                               |   |       |
| <b>10. <u>A CRIMINAL BACKGROUND CHECK WILL BE RUN. Have you, a corporate officer, or a partner, ever acquired a criminal record, which may consist of conviction, deferred adjudication, plead guilty, or nolo contendere, for any felony or misdemeanor offense, other than a Class C Misdemeanor for traffic violations, within the five years preceding this application?</u> Have you, a corporate officer or partner, been convicted of any felony or misdemeanor offense, OTHER than a Class C misdemeanor for traffic violations, within the five years PRECEDING this application?</b> |                               | <input type="checkbox"/> <b>YES- NO</b> <input type="checkbox"/> <b>NO YES</b> If YES, complete the required Criminal <u>Record Affidavit Conviction Questionnaire</u> ensuring that you provide accurate and thorough details sufficient to persuade the Department that your conviction does not pose a threat to the consumer or the industry.<br><u>If a criminal record is identified within the last five years and the applicant checked "no" the license may be denied.</u> |       |
| <b>12. Are you in arrears on any taxes owed to the State of Texas?</b>   |                               | <input type="checkbox"/> YES <input type="checkbox"/> NO<br><u>If you answered YES, provide proof that you are in good standing or that you have made payment arrangements.</u>   |       |
| <b>13. Are you in arrears on a guaranteed student loan?</b>  |                               | <input type="checkbox"/> YES <input type="checkbox"/> NO<br><u>If you answered YES, provide proof that you are in good standing or that you have made payment arrangements.</u>   |       |
| <b>14. Are you in arrears of any child support required by the family code?</b>  |                               | <input type="checkbox"/> YES <input type="checkbox"/> NO<br><u>If you answered YES, provide proof that you are in good standing or that you have made payment arrangements. If not in good standing, please contact the Office of Attorney General's Child Support Division at (800) 252-8014.</u>  |       |

**Certification**

License is subject to revocation, if the Department is **NOT** notified in writing of any changes in the information given on this application or if there is a violation of the law. License will be suspended if the education requirements of **TEX. OCC. CODE** §1201.104(c) are not successfully completed within 90 days after the date the license is issued.

With knowledge of penalties for false statements, I certify that to the best of my knowledge all information submitted on this application and on all attached documents is true and correct.

\_\_\_\_\_  
*(Signature of Applicant)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Signature of Sponsoring Retailer or Broker)*

\_\_\_\_\_  
*(Date)*

**Payment**

Attach the required license fee of \$200.00 (two hundred dollars) to this application. Payment may be made by company or business firm check, money order or cashier's check. Please make payable to: **Texas Department of Housing and Community Affairs**. Mail to the address listed at the top of this form.

**Department Use Only**

Fees

[ ] \$200.00 License Fee

Date

Received:

/ /

(5) Licensing Surety Bond.

Texas Department of Housing and Community Affairs

MANUFACTURED HOUSING DIVISION

P. O. BOX 12489 Austin, Texas 78711-2489

(877) 313-3023 (800) 500-7074, (512) 475-2200 FAX (512) 475-3506 475-1109

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

Continuous Manufactured Housing Licensing Surety Bond

The State of \_\_\_\_\_ MHD TDHCA license # (if known): \_\_\_\_\_

County of \_\_\_\_\_

I (we) \_\_\_\_\_, (Name of Owner, Partner, or Corporate Officer)

to be licensed as a manufactured housing \_\_\_\_\_, (Manufacturer, Retailer, Broker, Installer, Or Rebuilder)

doing business as \_\_\_\_\_ / \_\_\_\_\_, (Assumed or Corporate Name) (Trade Name of Location)

at \_\_\_\_\_ / \_\_\_\_\_, (Physical Street Address, City, State, Zip) (Mailing Address if Different)

( ) \_\_\_\_\_, as PRINCIPAL and \_\_\_\_\_, (Telephone) (Surety)

as SURETY, duly authorized and qualified to do business as a surety company in this state, we are firmly bound unto the special account referred to in the Texas Manufactured Housing Standards Act (the "Act"), Subchapter I, as the Manufactured Homeowners' Recovery Fund, in the sum of \$ \_\_\_\_\_, payable at Austin, Travis County, Texas for use by the Texas Department of Housing and Community Affairs, Manufactured Housing Division ("MHD") to satisfy claims resulting from any violation by the licensee or cause of action directly related to the construction, re-building, sale, lease-purchase, exchange, brokerage, or installation of a manufactured home for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, successors and assigns, jointly and severally, firmly by these presents.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION is such that the PRINCIPAL shall faithfully discharge all obligations, duties, and responsibilities under the Act as that statute is presently worded and as it may hereafter be amended to read, and all applicable rules and regulations of the Executive Director of the Manufactured Housing Division Texas Department of Housing and Community Affairs adopted to carry out the provisions of said Act, subject, however, to the following terms and conditions:

- 1) It is agreed that as of \_\_\_\_\_, 20\_\_\_\_, this bond shall be in full force and effect and remain in effect until canceled by the surety.
2) This bond is valid when received by the Manufactured Housing Division (MHD) Texas Department of Housing and Community Affairs' Austin office.
3) The bonding company must provide written notification to MHD the Department at least sixty (60) days prior to the cancellation of this bond.
4) This bond shall be open to successive claims up to the face value of the bond. The surety shall not be liable for successive claims in excess of the \_\_\_\_\_ bond amount, regardless of the number of years the bond remains in force.

IN WITNESS WHEREOF said PRINCIPAL and SURETY have executed this bond this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to be effective on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Surety By: \_\_\_\_\_ (Signature)

\_\_\_\_\_, (Printed Name)

Title: \_\_\_\_\_

Surety Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street / P.O. Box \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

Signature of Owner, Partner, or Corporate Officer: \_\_\_\_\_ Title: \_\_\_\_\_

Bond Number: \_\_\_\_\_ (For Surety Company's Use)

NOTE: The physical street address listed on this surety bond form must match the physical street address listed on the licensing application.

(6) - (7) (No change.)

(8) Consumer Disclosure Statement.

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](http://www.tdhca.state.tx.us/mh/index.htm)

## **MAKING AN INFORMED DECISION ABOUT BUYING A MANUFACTURED HOME**

**IF YOU HAVE QUESTIONS CALL 1-800-500-7074**

**[WWW.TDHCA.STATE.TX.US/MH](http://WWW.TDHCA.STATE.TX.US/MH)**

Ownership of ANY home brings many responsibilities. Buying a manufactured home involves many important and unique considerations. This disclosure is to assist you in recognizing and understanding many of those factors. Please read it carefully.

**CHOOSING A MANUFACTURED HOME AS YOUR HOME:** Manufactured homes come in a variety of sizes, styles, design features, amenities, and price ranges. All manufactured homes are built to federal standards established by the federal Department of Housing and Urban Development (HUD). Also, the federal government and the state of Texas requires manufacturers, retailers and installers to give certain warranties on manufactured homes. The type of warranties you receive will depend on whether you are purchasing a new or used manufactured home. You have the right to see the manufacturer's warranty and the retailer's warranty before entering into a binding agreement to purchase a manufactured home.

\_\_\_\_\_  
*initials*

**LEASE PURCHASE:** "Lease Purchase" means entering into a lease contract for a manufactured home, in which the lessor retains title, containing a provision or, in another agreement, conferring on the lessee an option to purchase a manufactured home, pursuant to §1201.003(16) of the Occupations Code. Until the consumer exercises their option to purchase the manufactured home the seller maintains ownership of the home, and has the ability to evict a consumer if appropriate pursuant to your rental agreement and/or the Texas Property Code.

\_\_\_\_\_  
*initials*

**CHOOSING A MANUFACTURED HOME RETAILER:** The State of Texas licenses and oversees manufacturers, retailers, brokers, salespersons, rebuilders, and installers of manufactured homes. The agency responsible for this licensing and oversight is the Texas Department of Housing and Community Affairs, Manufactured Housing Division (the "Department"). Your properly licensed manufactured home retailer should display, or be willing to show you, its license in its sales office. **Dealing with licensed parties can provide important consumer protections.**

\_\_\_\_\_  
*initials*

**DEPOSITS:** You may be required by a manufactured home retailer to place a deposit on a home, regardless of whether the home is on the retailer's sales lot, is being sold at another location, or will be ordered from a factory. The amount of the deposit is determined between you and your retailer. The deposit becomes a down payment upon execution of a binding written purchase agreement. You have the right to demand a refund of the deposit or down payment, and receive that refund within 15 days thereafter, if you timely and properly rescind the purchase agreement.

\_\_\_\_\_  
*initials*

**FINANCING OPTIONS:** A manufactured home in Texas has tremendous flexibility when it comes to financing because it can be financed as personal property (typically a consumer loan secured by the home only) or, if you own the land the home is on (or have a qualifying long term lease on the land) as real property (typically a mortgage loan secured by the home and the land). You should talk to possible lenders about the terms they can offer. If you think one lender is offering too high a rate, talk to another lender.

Consumer lenders must generally be registered with the Office of the Consumer Credit Commissioner. Mortgage loans are usually originated by mortgage brokers (licensed with the Savings and Mortgage Lending Department), mortgage bankers (registered with the Savings and Mortgage Lending Department), or financial institutions (regulated by state and/or federal regulators, depending on the type of financial institution).

**WHEN YOU MAKE A DECISION ABOUT BUYING A  
MANUFACTURED HOME, PLAN FOR FLEXIBILITY AND CHANGE.**

YOUR LOAN WILL BE A **MAJOR** FACTOR IN DETERMINING YOUR PAYMENTS, BUT THERE ARE OTHER IMPORTANT FACTORS YOU SHOULD ALSO THINK ABOUT, SUCH AS:

- Adjustable rate loans – If rates go up, your loan payments will go up.
- Property taxes – Changes in property valuation and changes in tax rate can result in changes in your payments.
- Insurance – If premiums increase, your payments will go up.
- Lot rent – If you are renting the lot your home is on, your rent may be subject to increase.

\_\_\_\_\_  
*initials*

**LOCAL RESTRICTIONS AND REQUIREMENTS (ZONING):** Depending on where a home is to be located it may be subject to special local requirements, including zoning and deed restrictions. These local requirements may affect where the home can be placed and may also involve other related requirements (and expenses) such as size requirements, construction requirements. Contact the local municipality, county, and subdivision manager to find out what, if any, requirements of this sort may apply to any site where you are going to place a manufactured home.

\_\_\_\_\_  
*initials*

**SITE PREPARATION:** The installer is responsible for proper preparation of the site where a new manufactured home is to be installed. A consumer is responsible for proper preparation of the site where a used manufactured home is to be installed. If you do not think you can prepare your site properly, consider hiring someone else with the right experience and equipment to do it for you. Proper site preparation includes a site for placement of the home that has good drainage so that water will not collect or run under or around the home; and firm compacted soil with no stumps, debris, or other matter. The site that is selected and prepared also needs to meet any setback or other placement requirements and have access to any required water, septic system, and utilities.

**PROPER SITE PREPARATION IS ESSENTIAL!**

\_\_\_\_\_  
*initials*

**INSTALLATION:** If you are purchasing a NEW manufactured home. Installation must be included. If you are purchasing a USED manufactured home, installation may or may not be included. If installation is not included and you arrange for it yourself, remember, ONLY A LICENSED INSTALLER may install a manufactured home. The installer who actually installs the home must also provide a warranty.

**PROPER INSTALLATION BY A LICENSED INSTALLER IS  
REQUIRED BY LAW IN ORDER FOR A HOME TO BE OCCUPIED.**

If you are buying a home that has already been installed, you should ask the selling retailer if they will check the leveling, check for the presence (if required) and condition of any vapor retarder, check anything else regarding the foundation/stabilization system, or provide any other installation-related services.

If you acquire a used manufactured home that is already installed in a Wind Zone II county but the home is a Wind Zone I home, which means that home was not designed or constructed to withstand a hurricane force wind occurring in a Wind Zone II or III area, the home cannot be installed in a Wind Zone II area unless it was constructed before September 1, 1997.

\_\_\_\_\_  
*initials*

**UPKEEP AND MAINTENANCE:** ANY home requires regular upkeep and maintenance – things like periodic checking of and repairs to the roof, keeping vents and filters clear, maintaining septic systems and wells in safe and sanitary working order, caulking to prevent leaks, and periodic painting. Also, depending on the foundation system you choose, a manufactured home may require periodic checking to be sure that it is still level and that the anchors and straps are secure.

\_\_\_\_\_  
*initials*

**FOUNDATION MAINTENANCE:** You must accept all responsibility for maintenance of the site upon closing. These responsibilities include: maintaining good drainage around the home, preventing soil erosion, periodic inspections of foundation supports and anchorage, and any leveling or adjustment that may be required unless contractually agreed otherwise. Homes located in areas that have soils with high clay content that expands and contracts must maintain consistent moisture levels. This may include watering around the foundation during dry summer months and managing the size and proximity of the vegetation near the foundation.

\_\_\_\_\_  
*initials*

**LOT RENT:** If you rent the lot your home is on, in addition to the possibility of rent increases, it is possible that the property owner could decide to change the use of the land and not renew your lease. Although you would be given advance notice, this would mean that you would have to move your home and have it installed somewhere else.

\_\_\_\_\_  
*initials*

**WATER AND UTILITIES:** Be sure that your lot has access to water. If you must drill a well, consider contacting several drillers for bids. If water is available through a municipality, utility district, water district, or cooperative, you should inquire about the rates you will have to pay and the costs necessary to join the water system. Be sure that any utilities you will need are available at your site and, if they are not, find out what will be involved in getting them delivered and connected.

\_\_\_\_\_  
*initials*

**SEWER CONNECTIONS OR SEPTIC SYSTEMS:** If your lot is not serviced by a municipal sewer system or utility district, you will have to install an on-site sewer facility (commonly known as a septic system). There are a number of concerns or restrictions that will determine if your lot is adequate to support a septic system. Check with the local county or a licensed private installer to determine the requirements that apply to your lot and the cost to install such a system.

\_\_\_\_\_  
*initials*

**HOMEOWNERS ASSOCIATIONS AND FEES:** Many subdivisions have mandatory assessments and fees that lot owners must pay. Check with the manager of the subdivision in which your lot is located to determine if any fees apply to your lot.

\_\_\_\_\_  
*initials*

**PROPERTY TAXES:** Manufactured homes are appraised and subject to property taxes. Depending on the type of loan you have, your lender may escrow for these taxes, and this will increase your monthly payments. Whether you select personal property or real property status for your home may impact any homestead exemption that you may obtain to reduce your tax liability. Talk with the county tax office if you have any questions. Failing to pay your taxes or make arrangements with the tax assessor-collector may place you at risk of having tax liens recorded on your home and, possibly, having the home foreclosed for non-payment of taxes. If you do not have a lender that escrows for the taxes, the tax assessor-collector will work out an escrow arrangement with you if requested.

\_\_\_\_\_  
*initials*

**INSURANCE:** Your lender will almost certainly require you to obtain insurance. You should request quotes from the agent of your choice to obtain the insurance. Even if you do not have a lender, it is a good idea to obtain insurance to protect your home and yourself.

\_\_\_\_\_  
*initials*

**THE TEXAS MANUFACTURED HOMEOWNERS' RECOVERY TRUST FUND (the "FUND"):** The Fund is established by law to protect consumers who incur certain actual damages arising from specified violations of law involving acts or omissions of licensees. To learn more about the Fund you can check the Department's website at: [www.tdhca.state.tx.us/mh](http://www.tdhca.state.tx.us/mh) or call the Department for a printed description of the Fund and how it works. Claims on the Fund must be verified and must be made within two years from the date of the act or omission or when it was discovered or reasonably should have been discovered.

\_\_\_\_\_  
*initials*

**RIGHT OF RESCISSION:** Once you enter into a contract with a selling retailer to acquire a manufactured home, you have a right to rescind the contract. You may, not later than the third day after the applicable contract is signed, rescind the contract without penalty or charge. The right to rescind may be modified or waived only if you have a *bona fide* emergency. The Department has rules about the detailed requirements for waivers and modifications. If you grant someone other than the retailer a lien on the home you are buying, the right of rescission automatically goes away when the lien is recorded with the TDHCA.

\_\_\_\_\_  
*initials*

This **Six Page Disclosure** was provided to me/us by the retailer and/or lender shown below on this date. It was provided to me/us before I/we completed a credit application (if a financed transaction), or before I/we signed a contract to purchase, exchange, or lease-purchase a manufactured home.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
RETAILER or LENDER

\_\_\_\_\_  
LICENSE NUMBER (if a retailer)

\_\_\_\_\_  
CUSTOMER signature

\_\_\_\_\_  
CUSTOMER signature

\_\_\_\_\_  
Customer printed name

\_\_\_\_\_  
Customer printed name

Date: \_\_\_\_\_

Date: \_\_\_\_\_

(9) – (15) (No change.)

(16) Notice of Installation (Form T).

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) 475-3506  
 Internet Address: [www.tdcca.state.tx.us/mh/index.htm](http://www.tdcca.state.tx.us/mh/index.htm)

**NOTICE OF INSTALLATION (FORM T)**

|   |                            |                             |   |   |
|---|----------------------------|-----------------------------|---|---|
| Manufacturer Name:  |                            |                             |   |   |
| Model:  |                            | Date of Manufacture:        |   |   |
|   | Label/Seal Number          | Complete Serial Number      | Width X Length  |   |
| Section One:  |                            |                             |   |   |
| Section Two:  |                            |                             |   |   |
| Section Three:  |                            |                             |   |   |
| Consumer Name:  |                            |                             |   |   |
| Home Phone:   |                            | Work/Cell Phone:            |   |   |
| <b>Physical Address:</b>  |                            | <b>Mailing Address:</b>     |   |   |
| City/State/Zip:   |                            | City/State/Zip:             |   |   |
| County Where Home is Installed:   |                            | Installation Date:          |   |   |
| Wind Zone:  | <input type="checkbox"/> I | <input type="checkbox"/> II | <input type="checkbox"/> III  | Is the home installed in a Humid & Fringe Climate? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is this only a releveling? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                            |                             | Was the home labeled for alternate construction? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
|   | <b>Name</b>                | <b>Address</b>              | <b>License #</b>  | <b>Expiration Date</b>  |
| <b>Retailer</b>   |                            |                             |   |   |
| <b>Installer</b>  |                            |                             |   |   |
| Is home installed in Frost Line Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                            |                             | Does retailer or installer provide skirting? <input type="checkbox"/> Yes <input type="checkbox"/> No     |   |
| Is installation part of sales contract of used home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable   |                            |                             |   |   |
| <u>New Home</u> - The home has been installed in accordance with:   |                            |                             |   |   |
| <input type="checkbox"/> 1. Manufacturer's Home Installation Instructions (provide page number or option _____).  |                            |                             |   |   |
| <input type="checkbox"/> 2. A Special Foundation System ( <i>attach a copy of the drawing for this system and provide a reference, if applicable, to any drawing previously submitted</i> ).                  |                            |                             |   |   |
| <u>Used Home</u> :  |                            |                             |   |   |
| <input type="checkbox"/> 1. Manufacturer's Home Installation Instructions (provide page number or option _____).  |                            |                             |   |   |
| <input type="checkbox"/> 2. State Generic Standards - Title 10 Texas Administrative Code (10 TAC) §§80.22, 80.23, 80.24, and 80.25.   |                            |                             |   |   |
| <input type="checkbox"/> 3. A stabilization system registered with the Department in accordance with 10 TAC §80.26 - <i>provide name of system or reference to MHD Approval Letter or registration</i> _____. |                            |                             |   |   |
| <input type="checkbox"/> 4. A Special Foundation System ( <i>attach a copy of the drawing for this system and provide a reference, if applicable, to any drawing previously submitted</i> ).                  |                            |                             |   |   |
| <b>FOR USED HOMES, IF NO METHOD IS CHECKED, IT WILL BE PRESUMED THAT OPTION 2 (STATE GENERIC STANDARDS) WAS USED.</b>   |                            |                             |   |   |

The Installation Report (Form T) shall be submitted to the Department along with the required fee no later than the 7th day after which the installation is completed and should not be submitted with the title documents.

**TEX. OCC. CODE Per §1201.206(i)**: On secondary moves the notice must be accompanied by either the original notice of installation or a certification that a true and correct copy of the notice of installation has been provided to the chief appraiser of the county where the home is installed. The delivery of the copy of the notice to the chief appraiser may be accomplished by either certified mail or by electronic mailing of the electronically reproduced document in a commonly readable format.

I verify that I am a licensed installer, that I am responsible for the installation described, and that the information supplied is true and correct. Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature (Retailer/Installer) Name (print or type)

**Department Use Only**

- |   |   |
|---|---|
| <input type="checkbox"/> Inspected Without Violations | <input type="checkbox"/> Not Inspected, Unable to Locate    |
| <input type="checkbox"/> Inspected With Violations    | <input type="checkbox"/> Not Inspected, No Unit At Location |
| <input type="checkbox"/> Not Inspected, Unit Skirted  | <input type="checkbox"/> Not Inspected, Unit Not Accessible |

Inspection Date: \_\_\_\_\_ HUD/Seal #: \_\_\_\_\_

*I hereby certify on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ that the above inspection results are true and correct to the best of my knowledge and belief.*

Inspector Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

**DRAW MAP BELOW**



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) 475-3506

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

Notice of Installation (Form T)

HUD Label or Texas Seal # (s): \_\_\_\_\_ Serial # (s): \_\_\_\_\_

Manufacturer Name: \_\_\_\_\_ License No. \_\_\_\_\_

Home Size - Width / Length: \_\_\_\_\_ X \_\_\_\_\_ Weight \_\_\_\_\_ Date of Manufacture: \_\_\_\_/\_\_\_\_/\_\_\_\_ Model / Name: \_\_\_\_\_

Draw A Map To Provide Directions To Home On Page 2

Consumer: \_\_\_\_\_ Phone Numbers: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ ZIP: \_\_\_\_\_

Site Address: \_\_\_\_\_ City \_\_\_\_\_ ZIP: \_\_\_\_\_

County Where Home is Installed: \_\_\_\_\_

Actual Installation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Wind Zone on Data Plate: I (\_\_\_\_) II (\_\_\_\_) III (\_\_\_\_)

Is the home installed in a Humid & Fringe Climate Yes (\_\_\_\_) No (\_\_\_\_) Was the home labeled for alternate construction. Yes (\_\_\_\_) No (\_\_\_\_)

Table with 5 columns: Name, Address, License #, Expiration Date, Phone #. Rows for Retailer and Installer.

Is home installed in Frost Line Zone? (\_\_\_\_) Yes (\_\_\_\_) No Does retailer or installer provide skirting? Yes (\_\_\_\_) No (\_\_\_\_)

Is installation part of sales contract of used home? Yes (\_\_\_\_) No (\_\_\_\_) Not Applicable (\_\_\_\_)

New Home - The home has been installed in accordance with:

- (\_\_\_\_) 1. Manufacturer's Home Installation Instructions (provide page number or option \_\_\_\_\_).
(\_\_\_\_) 2. A Special Foundation System (attach a copy of the drawing for this system and provide a reference, if applicable, to any drawing previously submitted).

Used Home:

- (\_\_\_\_) 1. Manufacturer's Home Installation Instructions (provide page number or option \_\_\_\_\_).
(\_\_\_\_) 2. State Generic Standards - Title 10 Texas Administrative Code (10 TAC) §§80.22, 80.23, 80.24, and 80.25.
(\_\_\_\_) 3. A stabilization system registered with the Department in accordance with 10 TAC §80.26 - provide name of system or reference to MHD Approval Letter or registration \_\_\_\_\_.
(\_\_\_\_) 4. A Special Foundation System (attach a copy of the drawing for this system and provide a reference, if applicable, to any drawing previously submitted).

FOR USED HOMES, IF NO METHOD IS CHECKED, IT WILL BE PRESUMED THAT OPTION 2 (STATE GENERIC STANDARDS) WAS USED.

The Installation Report (Form T) shall be submitted to the Department along with the required fee no later than the 7<sup>th</sup> day after which the installation is completed and should not be submitted with the title documents.

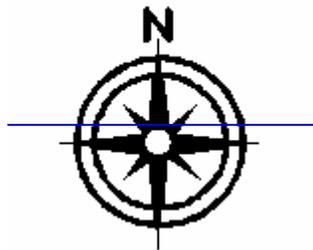
~~Per §1201.206(i): On secondary moves the notice must be accompanied by either the original notice of installation or a certification that a true and correct copy of the notice of installation has been provided to the chief appraiser of the county where the home is installed. The delivery of the copy of the notice to the chief appraiser may be accomplished by either certified mail or by electronic mailing of the electronically reproduced document in a commonly readable format.~~

I verify that I am a licensed installer, that I am responsible for the installation described, and that the information supplied is true and correct. Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature (Retailer/Installer) \_\_\_\_\_ Name (print or type)

| Department Use Only   |   |
|---|---|
| <input type="checkbox"/> Inspected Without Violations   | <input type="checkbox"/> Not Inspected, Unable to Locate    |
| <input type="checkbox"/> Inspected With Violations  | <input type="checkbox"/> Not Inspected, No Unit At Location |
| <input type="checkbox"/> Not Inspected, Unit Skirted  | <input type="checkbox"/> Not Inspected, Unit Not Accessible |
| Inspection Date: _____ HUD/Seal #: _____  |   |
| <i>I hereby certify on this _____ day of _____, 20____ that the above inspection results are true and correct to the best of my knowledge and belief.</i> |   |
| Inspector Signature: _____ Printed Name: _____  |   |

**DRAW MAP BELOW**



(17) – (18) (No change.)

(19) Application for Statement of Ownership and Location.

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) 475-3506

Internet Address: [www.tdhca.state.tx.us/mh/index.htm](http://www.tdhca.state.tx.us/mh/index.htm)

**APPLICATION FOR STATEMENT OF OWNERSHIP AND LOCATION**

The filing of an application for the issuance of a Statement of Ownership and Location, later than sixty (60) days after the date of a sale to a consumer for residential use, may result in a fee of up to one hundred dollars (\$100). Any such application that is submitted late may be delayed until the fee is paid in full.

**BLOCK 1: Transaction Identification**

|  |  |   |   |
|--|--|---|---|
| <b>Type of Transaction</b>   |  | <b>Regular or Priority Handling</b>   | <b>(For Department Use Only) Coding:</b><br><br>Lien on file: Y / N<br>Lienholder Code<br>County Code:<br>Right of Surv.: Y / N<br>R#: _____ M GE#: |
| <b>Personal Property Transaction</b><br><input type="checkbox"/> New<br><input type="checkbox"/> Used<br><input type="checkbox"/> Lien Assignment<br><input type="checkbox"/> Other: _____ | <b>Real Property Transaction</b><br><input type="checkbox"/> New<br><input type="checkbox"/> Used<br><input type="checkbox"/> <u>Update SOL</u><br><input type="checkbox"/> <u>Other</u> | <input type="checkbox"/> <b>Regular Handling</b><br>Completed applications will be processed within 15 working days from date received.<br><br><input type="checkbox"/> <b>Priority Handling Requested</b><br>An additional \$55 fee is included with payment to review application within 5 working days from date received. |   |

**BLOCK 2(a): Home Information (required)**

|                    |  |                      |  |
|--------------------|--|----------------------|--|
| Manufacturer Name: |  | Model:               |  |
| Address:           |  | Date of Manufacture: |  |
| City, State, Zip:  |  | Total Square Feet:   |  |
| License Number:    |  | Wind Zone:           |  |

|            | Label/Seal Number | Complete Serial Number | Weight | Size* | <i>*NOTE: Size must be reported as the outside dimensions (length and width) of the home as measured to the nearest 1/2 foot at the base of the home, exclusive of the tongue or other towing device.</i> |
|------------|-------------------|------------------------|--------|-------|---|
| Section 1: |                   |                        |        | X     |   |
| Section 2: |                   |                        |        | X     |   |
| Section 3: |                   |                        |        | X     |   |
| Section 4: |                   |                        |        | X     |   |

**2(b)** Is home being sold?  No  Yes  
 If yes, and **if there is/are no HUD Label(s) or Texas Seal(s)** on your home, a Texas Seal will need to be purchased and will be issued to each section of your home at an **additional cost** of \$35.00 per section.  
 Indicate which section(s) needs a Texas Seal(s): \_\_\_\_\_ (Single - \$35 Double - \$70 Triple - \$105)

**BLOCK 3: Home Location (required)**

|  |   |      |       |     |        |
|--|---|------|-------|-----|--------|
| Physical Location of Home:<br>(or 911 address) | Physical Address (cannot be a Rt. or P. O. Box) | City | State | ZIP | County |
|--|---|------|-------|-----|--------|

Was home moved for this sale?  No  Yes If yes, include a copy of moving permit.  
 Was Home Installed for this sale?  No  Yes If yes, provide installer information below, if known

Installer Name, address and phone: \_\_\_\_\_

**BLOCK 4: Ownership Information (required)**

| <b>4(a) Seller(s) or Transferor(s)</b> |                        | <b>4(b) Purchaser(s), Transferee(s), or Owner(s)</b> |                        |
|--|------------------------|--|------------------------|
| Name                                   | License # if Retailer: | Name   | License # if Retailer: |
| Name                                   |                        | Name   |                        |
| Mailing Address                        |                        | Mailing Address                                      |                        |
| City/State/Zip                         |                        | City/State/Zip                                       |                        |
| Daytime Phone Number ( ) -             |                        | Daytime Phone Number ( ) -                           |                        |

**4(c)** Date of sale, transfer or ownership change: \_\_\_\_\_

**4(d)** Did the buyer trade-in a home to purchase this home?  No  Yes If yes, the application transferring the ownership to the Retailer must be attached to this application. Provide the following information on the home traded in:  
 HUD Label \_\_\_\_\_, Serial No. \_\_\_\_\_

|                     |                  |                             |
|---------------------|------------------|-----------------------------|
| <b>HUD Label #:</b> | <b>Serial #:</b> | <b>GF# (for title co.):</b> |
|---------------------|------------------|-----------------------------|

**BLOCK 5: Right of Survivorship (if no box is checked, joint owners will NOT have right of survivorship)**

*If joint owners desire right of survivorship, check the applicable box below:*

Husband and wife will be the only owners and agree that the ownership of the above described manufactured home shall, from this day forward, be held jointly and in the event of death, shall pass to the surviving owner.

Joint owners are other than husband and wife, desire right of survivorship, **and** have attached a completed Affidavit of Fact for Right of Survivorship or other affidavits as necessary to meet the requirements of §1201.213 of the Standards Act.

**BLOCK 6: Personal/Real Property Election - Purchaser(s)/Transferee(s)/Owner(s) check one election type**

Personal Property – Applicant elects to treat this home as personal property. All documents affecting title to the home will be filed in the records of the Department.

Real Property – I (we) elect to treat this home as real property **and certify that I am (we are) entitled to make this election in accordance with Section 1201.2055 of the Occupations Code because as** (one box must be checked):

I (we) own the real property that the home is attached to.     I (we) have a qualifying long-term lease for the land that the home is attached to.

The applicant or their authorized representative is the holder or servicer of the loan.

I (We) understand that the home will not be considered to be real property until a certified copy of the SOL has been filed in the real property records of the county in which the home is located AND a copy stamped "Filed" has been submitted to the Department.

**Legal description must be provided for real property:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ **is**  
attached (Example: Deed, title policy, or title commitment).

If a title company, list your file or GF #: \_\_\_\_\_

**Inventory – (FOR RETAILER USE ONLY)** Retailer number must be provided in Block 4b if this election is checked.

**BLOCK 7: ~~To Designated Use~~ to be designated by purchaser(s), transferee(s), or owner(s) a Home as Non-Residential (Business Use) or Salvage**

**Residential Use (as a dwelling) OR**

**Home WILL NOT be used for residential use. Home is designated as: Non-Residential – Check one of the following:**

**Business Use (means use other than a residential dwelling, such as storage)**

**Salvage (means scrapped, dismantled, or which the full insured value has been paid by an insurance company). A salvaged home may only be sold to or rebuilt by a licensed Retailer (subject to inspection and approval prior to construction).**

**BLOCK 8(a): Liens – Will there be any liens on the home (other than a tax lien)?**     No     Yes    **If yes, complete the below lien information.**

**Block 8(b): Lien Information**

|                           |  |                            |  |
|---------------------------|--|----------------------------|--|
| Date of First Lien:       |  | Date of Second Lien:       |  |
| Name of First Lienholder: |  | Name of Second Lienholder: |  |
| Mailing Address:          |  | Mailing Address:           |  |
| City/State/Zip:           |  | City/State/Zip:            |  |
| Daytime Phone:            |  | Daytime Phone:             |  |

**BLOCK 9: Special Mailing Instructions**

|  |                   |  |
|--|-------------------|--|
| <b>IF</b> a copy of an SOL is to be mailed to anyone other than the owner or lienholder of record (such as a closing agent), please provide that mailing address here. | Name:             |  |
|  | Company:          |  |
|  | Street Address:   |  |
|  | City, State, Zip: |  |
|  | Area Code/Phone   |  |

**BLOCK 10: Signatures Required (Notarization is Optional)**

| 10(a) Signatures of each seller/transferor  | 10(b) Signatures of each purchaser/transferee or owner   |
|---|--|
| <p align="center">_____<br/>Signature of owner or authorized seller</p> <p>Sworn and subscribed before me this ____ day of _____, 20__</p> <p align="center">_____<br/>Signature of Notary<br/>SEAL</p> | <p align="center">_____<br/>Signature of purchaser/transferee or owner</p> <p>Sworn and subscribed before me this ____ day of _____, 20__</p> <p align="center">_____<br/>Signature of Notary<br/>SEAL</p> |
| <p align="center">_____<br/>Signature of owner or authorized seller</p> <p>Sworn and subscribed before me this ____ day of _____, 20__</p> <p align="center">_____<br/>Signature of Notary</p>          | <p align="center">_____<br/>Signature of purchaser/transferee or owner</p> <p>Sworn and subscribed before me this ____ day of _____, 20__</p> <p align="center">_____<br/>Signature of Notary</p>          |

|   |  |
|---|--|
| <i>SEAL</i>   | <i>SEAL</i>  |
| <b>10(c) For Lien Assignments Only</b>                                      |  |
| <hr/> <i>Signature of authorized representative for previous lienholder</i> | <hr/> <i>Signature of authorized representative for new lender</i> |

(20) – (24) (No change.)

(25) Release or Foreclosure of Lien (Form B).



(26) – (34) (No change.)

(35) Application for License Renewal (other than a salesperson).

Texas Department of Housing and Community Affairs  
MANUFACTURED HOUSING DIVISION  
P. O. BOX 12489 Austin, Texas 78711-2489  
**(877) 313-3023 (800) 500-7074**, (512) 475-2200 FAX (512) 475-3506  
Internet Address: [www.tdhca.state.tx.us/mh/index.htm](http://www.tdhca.state.tx.us/mh/index.htm)

**APPLICATION FOR LICENSE RENEWAL (OTHER THAN SALESPERSONS)**

Renew your license in one of 3 ways:

- **NEW! Renew online using a credit card or electronic check.** For eligibility requirements and other information, visit us on the web at [www.tdhca.state.tx.us/mh/industry-info.htm](http://www.tdhca.state.tx.us/mh/industry-info.htm). Please help us improve by completing the survey afterward.
- Complete this application and mail it with the renewal fee and proof that you completed the continuing education to: TDHCA/MHD, P.O. Box 12489, Austin, Texas 78711-2489
- Deliver in person this completed application with the fee to 1106 Clayton Lane, Suite 270W, Austin, Texas 78723

**BLOCK 1: Applicant Information (Please type or print clearly.)**

License Number: \_\_\_\_\_ Current Business Name: \_\_\_\_\_  
Expiration Date:   1-1   Current Mailing Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_

Has there been a business name change that you have not yet reported to TDHCA? [ ] Yes [ ] No

**If yes, you must submit acceptable evidence that your bond covers the changes.**

Has there been any change in location that you have not yet reported to TDHCA? [ ] Yes [ ] No

**If yes, you must submit acceptable evidence that your bond covers the changes.**

Has there been any change in corporate officers that you have not yet reported to TDHCA? [ ] Yes [ ] No

**If yes, please list name(s) and date(s) of birth on the back of this page.**

**A CRIMINAL BACKGROUND CHECK WILL BE RUN. Have you, a corporate officer,** [ ] Yes [ ] No

**or a partner, ever acquired a criminal record, which may consist of conviction, deferred adjudication, plead guilty, or nolo contendere, for any felony or misdemeanor offense, other than a Class C Misdemeanor for traffic violations, within the last 24 months preceding this application? Have you, or a corporate officer or partner, been convicted in Texas or any other state of any felony or misdemeanor offense, other than a class c misdemeanor for a traffic violation, in the last 24 months?**

**If yes, please visit our website or contact our office to obtain a Criminal Record Conviction Affidavit, which you must complete and submit with this application. If a criminal record is identified within the last 24 months and the applicant checked "no" the license may be denied.**

Have you completed the requirements for continuing education? [ ] Yes [ ] No

**If yes, please attach the class certificate.**

Are you in arrears on any taxes owed the State of Texas? [ ] Yes [ ] No

**If you answered YES, provide proof that you are in good standing or that you have made payment arrangements. If not in good standing yes, please call Tax Assistance at (512) 463-4600 or 1-800-252-5555.**

Are you in arrears on a guaranteed student loan? [ ] Yes [ ] No

**If you answered YES, provide proof that you are in good standing or that you have made payment arrangements. If not in good standing yes please call the Guaranteed Student Loan Corporation at (512) 835-1900.**

**Are you in arrears of any child support required by the family code?** [ ] Yes [ ] No

**If yes, please call the Office of Attorney General's Child Support Division at (800) 252-8014.**

**Attach a list of all related persons to this application as required by TEX. OCC. CODE §1201.103 of the Standards Act.**

**BLOCK 2: License Type and Fees**

|                          |   |       |  |        |
|--------------------------|---|-------|--|--------|
| <b>Please check one:</b> | <input type="checkbox"/> Retailer (R)         | \$550 | <input type="checkbox"/> Retailer/Installer (RI)         | \$900  |
|                          | <input type="checkbox"/> Broker (B)           | \$350 | <input type="checkbox"/> Retailer/Broker/Installer (RBI) | \$1250 |
|                          | <input type="checkbox"/> Installer (I)        | \$350 | <input type="checkbox"/> Salvage Rebuilder (S)           | \$550  |
|                          | <input type="checkbox"/> Retailer/Broker (RB) | \$900 | <input type="checkbox"/> Manufacturer (M)                | \$850  |
|                          |   |       |  |        |

**BLOCK 3: Certification**

With knowledge of the penalties for false statements, I certify that to the best of my knowledge all information submitted on this application and on all attached documents is true and correct.

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Printed Name and Title Phone Number Signature of Owner or Corporate Officer Date

**Department Use Only:**  License Renewal Fee Received Date Received: / /

(36) - (37) (No change.)

(38) Notice of Installation (Form T) for Provisional Installer's License.

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) 475-3506  
 Internet Address: [www.tdcca.state.tx.us/mh/index.htm](http://www.tdcca.state.tx.us/mh/index.htm)

You may fax or email this report within 3 working days from the date of installation to your assigned field office. Mail the original and fee by regular mail to the address on the letterhead.

**PROVISIONAL  
INSTALLATION**

**NOTICE OF INSTALLATION (FORM T)**

Manufacturer Name:

Model:

Date of Manufacture:

|                | Label/Seal Number | Complete Serial Number | Width X Length |
|----------------|-------------------|------------------------|----------------|
| Section One:   |                   |                        |                |
| Section Two:   |                   |                        |                |
| Section Three: |                   |                        |                |

Consumer Name:

|  |   |
|--|---|
| Home Phone:  | Work/Cell Phone:  |
| Physical Address:  | Mailing Address:  |
| City/State/Zip:  | City/State/Zip:   |
| County Where Home is Installed:  | Installation Date:  |
| Wind Zone: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III | Is the home installed in a Humid & Fringe Climate? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is this only a releveling? <input type="checkbox"/> Yes <input type="checkbox"/> No            | Was the home labeled for alternate construction? <input type="checkbox"/> Yes <input type="checkbox"/> No   |

|                  | Name | Address | License # | Expiration Date | Phone # |
|------------------|------|---------|-----------|-----------------|---------|
| <b>Retailer</b>  |      |         |           |                 |         |
| <b>Installer</b> |      |         |           |                 |         |

Is home installed in Frost Line Zone?  Yes  No      Does retailer or installer provide skirting?  Yes  No

Is installation part of sales contract of used home?  Yes  No  Not Applicable

New Home - The home has been installed in accordance with:

1. Manufacturer's Home Installation Instructions (provide page number or option \_\_\_\_\_).

2. A Special Foundation System (attach a copy of the drawing for this system and provide a reference, if applicable, to any drawing previously submitted).

Used Home:

1. Manufacturer's Home Installation Instructions (provide page number or option \_\_\_\_\_).

2. State Generic Standards - Title 10 Texas Administrative Code (10 TAC) §§80.22, 80.23, 80.24, and 80.25.

3. A stabilization system registered with the Department in accordance with 10 TAC §80.26 - provide name of system or reference to MHD Approval Letter or registration \_\_\_\_\_.

4. A Special Foundation System (attach a copy of the drawing for this system and provide a reference, if applicable, to any drawing previously submitted).

**FOR USED HOMES, IF NO METHOD IS CHECKED, IT WILL BE PRESUMED THAT OPTION 2 (STATE GENERIC STANDARDS) WAS USED.**

The Installation Report (Form T) shall be submitted to the Department along with the required fee no later than the 3rd day after which the installation is completed and should not be submitted with the title documents.

**TEX. OCC. CODE Per §1201.206(i):** On secondary moves the notice must be accompanied by either the original notice of installation or a certification that a true and correct copy of the notice of installation has been provided to the chief appraiser of the county where the home is installed. The delivery of the copy of the notice to the chief appraiser may be accomplished by either certified mail or by electronic mailing of the electronically reproduced document in a commonly readable format.

I verify that I am a licensed installer, that I am responsible for the installation described, and that the information supplied is true and correct. Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature (Retailer/Installer)

\_\_\_\_\_  
Name (print or type)

**NOTE: A minimum of five (5) provisional installations must be inspected without violations for a provisional installer's license to become a full installer's license.**

Department Use Only

|   |   |
|---|---|
| <input type="checkbox"/> Inspected Without Violations | <input type="checkbox"/> Not Inspected, Unable to Locate    |
| <input type="checkbox"/> Inspected With Violations    | <input type="checkbox"/> Not Inspected, No Unit At Location |
| <input type="checkbox"/> Not Inspected, Unit Skirted  | <input type="checkbox"/> Not Inspected, Unit Not Accessible |

Inspection Date: \_\_\_\_\_ HUD/Seal #: \_\_\_\_\_

*I hereby certify on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ that the above inspection results are true and correct to the best of my knowledge and belief.*

Inspector Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

**DRAW MAP BELOW**



# Notice of Installation (Form T)

HUD Label or Texas Seal # (s): \_\_\_\_\_ Serial # (s): \_\_\_\_\_

Manufacturer Name: \_\_\_\_\_ License No. \_\_\_\_\_

Home Size - Width / Length: \_\_\_\_\_ X \_\_\_\_\_ Weight \_\_\_\_\_ Date of Manufacture: \_\_\_\_/\_\_\_\_/\_\_\_\_ Model / Name: \_\_\_\_\_

**Draw A Map To Provide Directions To Home On Page 2**

Consumer: \_\_\_\_\_ Phone Numbers: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ ZIP: \_\_\_\_\_

Site Address: \_\_\_\_\_ City \_\_\_\_\_ ZIP: \_\_\_\_\_

County Where Home is Installed: \_\_\_\_\_

Actual Installation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Wind Zone on Data Plate: I (\_\_\_\_) II (\_\_\_\_) III (\_\_\_\_)

Is the home installed in a Humid & Fringe Climate Yes (\_\_\_\_) No (\_\_\_\_) Was the home labeled for alternate construction. Yes (\_\_\_\_) No (\_\_\_\_)

| Name             | Address | License # | Expiration Date | Phone # |
|------------------|---------|-----------|-----------------|---------|
| <b>Retailer</b>  |         |           |                 |         |
| <b>Installer</b> |         |           |                 |         |

(\_\_\_\_) New (\_\_\_\_) Used

Does retailer or installer provide skirting? Yes (\_\_\_\_) No (\_\_\_\_)

Is installation part of sales contract of used home? Yes (\_\_\_\_) No (\_\_\_\_) Not Applicable (\_\_\_\_)

**New Home** - The home has been installed in accordance with:

- (\_\_\_\_) 1. Manufacturer's Home Installation Instructions (provide page number or option \_\_\_\_\_).
- (\_\_\_\_) 2. A Special Foundation System (attach a copy of the drawing for this system and provide a reference, if applicable, to any drawing previously submitted).

**Used Home:**

- (\_\_\_\_) 1. Manufacturer's Home Installation Instructions (provide page number or option \_\_\_\_\_).
- (\_\_\_\_) 2. State Generic Standards - Title 10 Texas Administrative Code (10 TAC) §§80.22, 80.23, 80.24, and 80.25.
- (\_\_\_\_) 3. A stabilization system registered with the Department in accordance with 10 TAC §80.26 - provide name of system or reference to MHD Approval Letter or registration \_\_\_\_\_.
- (\_\_\_\_) 4. A Special Foundation System (attach a copy of the drawing for this system and provide a reference, if applicable, to any drawing previously submitted).

**FOR USED HOMES, IF NO METHOD IS CHECKED, IT WILL BE PRESUMED THAT OPTION 2 (STATE GENERIC STANDARDS) WAS USED.**

~~The Installation Report (Form T) shall be submitted to the Department along with the required fee no later than the 3rd day after which the installation is completed and should not be submitted with the title documents.~~

~~Per §1201.206(i): On secondary moves the notice must be accompanied by either the original notice of installation or a certification that a true and correct copy of the notice of installation has been provided to the chief appraiser of the county where the home is installed. The delivery of the copy of the notice to the chief appraiser may be accomplished by either certified mail or by electronic mailing of the electronically reproduced document in a commonly readable format.~~

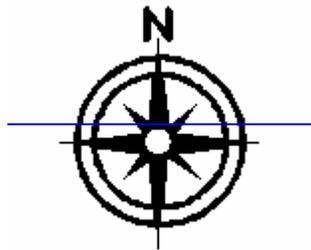
~~I verify that I am a licensed installer, that I am responsible for the installation described, and that the information supplied is true and correct. Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.~~

~~\_\_\_\_\_  
Signature (Retailer/Installer) \_\_\_\_\_ Name (print or type)~~

~~NOTE: A minimum of five (5) provisional installations must be inspected without violations for a provisional installer's license to become a full installer's license.~~

| Department Use Only  |   |
|--|---|
| <input type="checkbox"/> Inspected Without Violations  | <input type="checkbox"/> Not Inspected, Unable to Locate    |
| <input type="checkbox"/> Inspected With Violations   | <input type="checkbox"/> Not Inspected, No Unit At Location |
| <input type="checkbox"/> Not Inspected, Unit Skirted   | <input type="checkbox"/> Not Inspected, Unit Not Accessible |
| Inspection Date: _____ HUD/Seal #: _____   |   |
| <i>I hereby certify on this _____ day of _____, 20_____ that the above inspection results are true and correct to the best of my knowledge and belief.</i> |   |
| Inspector Signature: _____   | Printed Name: _____   |

**DRAW MAP BELOW**



(39) – (41) (No change.)

(42) Application for Salesperson's License Renewal.

Texas Department of Housing and Community Affairs

MANUFACTURED HOUSING DIVISION

P. O. BOX 12489 Austin, Texas 78711-2489

(877) 313-3023 (800) 500-7074, (512) 475-2200 FAX (512) 475-3506

Internet Address: [www.tdhca.state.tx.us/mh/index.htm](http://www.tdhca.state.tx.us/mh/index.htm)

**SALESPERSON'S APPLICATION FOR LICENSE RENEWAL**

Renew your license in one of 3 ways:

- Renew online using a credit card or electronic check. For eligibility requirements and other information, visit us on the web at [www.tdhca.state.tx.us/mh/industry-info.htm](http://www.tdhca.state.tx.us/mh/industry-info.htm). Please help us improve by completing the survey afterward.
- Complete this application and mail it with the renewal fee to: TDHCA/MHD, P.O. Box 12489, Austin, Texas 78711-2489
- Deliver in person this completed application with the fee to 1106 Clayton Lane, Suite 270W, Austin, Texas 78723

| Type        | Renewal Fee | 1 to 90 days late<br>(1 ½ times the renewal) | 90 to 364 days late<br>(2 times the renewal fee) |
|-------------|-------------|--|--|
| Salesperson | \$200       | \$300  | \$400  |

**BLOCK 1: Salesperson Information (Please type or print clearly.)**

License Number: \_\_\_\_\_ Expiration Date:     /    /    

Name: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Social Security # (Required):** \_\_\_\_\_

**A CRIMINAL BACKGROUND CHECK WILL BE RUN. Have you, a corporate officer, or a partner, ever acquired a criminal record, which may consist of conviction, deferred adjudication, plead guilty, or nolo contendere, for any felony or misdemeanor offense, other than a Class C Misdemeanor for traffic violations, within the last 24 months preceding this application? Have you been convicted in Texas or any other state of a felony or misdemeanor offense, other than a Class C misdemeanor for a traffic violation, in the last 24 months?** [ ] Yes [ ] No

**If yes, please visit our website or contact our office to obtain a *Criminal Record Conviction Affidavit*, which you must complete and submit with this application. If a criminal record is identified within the last 24 months and the applicant checked "no" the license may be denied.**

Have you completed the requirements for continuing education? [ ] Yes [ ] No  
**If yes, please attach the class certificate.**

**Are you in arrears on any taxes owed the State of Texas?** [ ] Yes [ ] No  
**If you answered YES, provide proof that you are in good standing or that you have made payment arrangements. If not in good standing, please call Tax Assistance at (512) 463-4600 or 1-800-252-5555.**

**Are you in arrears on a guaranteed student loan?** [ ] Yes [ ] No  
**If you answered YES, provide proof that you are in good standing or that you have made payment arrangements. If not in good standing please call the Guaranteed Student Loan Corporation at (512) 835-1900.**

**Are you in arrears of any child support required by the family code?** [ ] Yes [ ] No  
**If yes, please call the Office of Attorney General's Child Support Division at (800) 252-8014.**

**BLOCK 2: Employer Information**

Name of Sponsoring Retailer or Broker: \_\_\_\_\_  
Sponsoring Retailer's or Broker's Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Sponsoring Retailer's or Broker's License#: \_\_\_\_\_

**BLOCK 3: Certification**

License is subject to revocation, if the Department is **NOT** notified in writing of any changes in the information given on this application or if there is a violation of the law. Evidence that the continuing education requirements of **TEX. OCC. CODE** §1201.113 have been completed must be received by the Department before the license can be renewed.

With knowledge of penalties for false statements, I certify that to the best of my knowledge all information submitted on this application and on all attached documents is true and correct.

\_\_\_\_\_  
*(Signature of Applicant)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Signature of Sponsoring Retailer or Broker)*

\_\_\_\_\_  
*(Date)*

**Department Use Only:**

License Renewal Fee Received

Date Received:

/ /

(43) – (46) (No change.)

**(47) Field Verification Inspection Request Form.**

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](http://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<br><input type="checkbox"/> Serial Number <input type="checkbox"/> Size <input type="checkbox"/> Type of home(s) on site (HUD Code, modular, or site built) |  |  |

**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:            |  |

|            | Label/Seal Number | Complete Serial Number | Size | Type of Improvement:   |
|------------|-------------------|------------------------|------|--|
| Section 1: |                   |                        | X    | <input type="checkbox"/> HUD Code<br><input type="checkbox"/> Modular<br><input type="checkbox"/> Site Built |
| Section 2: |                   |                        | X    |  |
| Section 3: |                   |                        | X    |  |
| Section 4: |                   |                        | X    |  |

Inspector's Comments (if applicable):

|                                 |                              |            |
|---------------------------------|------------------------------|------------|
| <hr/> Printed Name of Inspector | <hr/> Signature of Inspector | <hr/> Date |
|---------------------------------|------------------------------|------------|

**(48) Adding or Deleting a Related Person to a License Record.**

