



**STATE OF ARIZONA  
DEPARTMENT OF HOUSING  
1110 WEST WASHINGTON, SUITE 280  
PHOENIX, ARIZONA 85007  
(602) 771-1000 [WWW.AZHOUSING.GOV](http://WWW.AZHOUSING.GOV)  
FAX: 602-771-1002**

**MANUFACTURED HOUSING HOMEOWNER INFORMATION BULLETIN – (USED)**

The Arizona Department of Housing (“Department”) is the licensing agency and regulatory authority for manufacturers, dealers, brokers, salespersons and installers of manufactured homes. The Department is responsible by law for enforcing the standards, rules and regulations under which your unit was constructed, sold and installed. The Department has established procedures for handling unresolved consumer complaints against licensees. If any problems should arise, we suggest you take the following steps:

1. Send the dealer or broker a letter detailing your problems. Keep a copy for your records. After a short period of time, follow up your letter with a phone call.
2. If after a reasonable time the problem is not resolved, contact the Department at the above address. Our Complaint Section will assist you in a fair resolution to your problem with complaints that are filed within one year from the date of sale or installation.

If you have any questions, feel free to contact the Department.

\*\*\*\*\*NOTICE\*\*\*\*\*

Misrepresenting a downpayment or financing on a credit application to influence a federal agency or a financial institution is a violation of federal law. Misrepresenting the amount of down payment on a sales contract is a violation of state law. Penalties for these violations may include a fine of up to \$150,000.00 and imprisonment for up to seven years. Please notify the Department of any salesperson, dealer or broker who advises action in violation of the law.

\*\*\*\*\*RETURN BOTTOM PORTION\*\*\*\*\*

I hereby acknowledge that I have read the foregoing Notice and received a copy of the Homeowner Information Bulletin attached hereto and that all applicable warranties are stated on the sales contract.

Homeowner’s (Purchaser) Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Do not sign until you have read the above notice*

**INFORMATION BELOW TO BE COMPLETED BY DEALER: (Please Print or Type)**

Dealer’s or Broker’s Business Name \_\_\_\_\_ License# \_\_\_\_\_

Manufacturer \_\_\_\_\_

Serial #: \_\_\_\_\_ Purchase Date \_\_\_\_\_ Salesperson License #: \_\_\_\_\_

Purchaser’s Printed Name \_\_\_\_\_

Installer \_\_\_\_\_ or License # \_\_\_\_\_

Purchase price: Check appropriate box below

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|---|---|
| <input type="checkbox"/> Under \$50,000.00 & Dealer Trust or Dealer Escrow Account was used<br><i>*Requires \$30.00 Recovery Fund fee</i> | <input type="checkbox"/> \$50,000.00 or more & Escrow/Title co. was used<br><i>*No Recovery Fund fee required</i> |
| <input type="checkbox"/> Under \$50,000.00 & Escrow/Title co. was used<br><i>*No Recovery Fund fee required</i>                           |   |