



## REQUEST FOR ASSISTANCE—Mobilehome Parks

HCD MAC 419 (Rev. 08/20)

Complete sections 1, 2, and 3 and submit the completed form to the address listed above. If you have any questions, contact the Department of Housing and Community Development at (800) 952-8356. Submit the completed form to HCD—Mobilehome Assistance Center, PO Box 278690, Sacramento, CA 95727.

### **SECTION 1: GENERAL INFORMATION**

NAME: \_\_\_\_\_  
*Last First M. I.*

MAILING ADDRESS: \_\_\_\_\_  
*P.O. Box or Number and Street City County State Zip*

PHYSICAL LOCATION OF HOME: \_\_\_\_\_  
(if different from your mailing address) *Number and Street City County Zip*

TELEPHONE NUMBER(S): \_\_\_\_\_

PARK NAME: \_\_\_\_\_

PARK MANAGER/OWNER NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

PARK ADDRESS: \_\_\_\_\_  
(if different from your mailing address) *Number and Street City County Zip*

### **SECTION 2: BRIEF DESCRIPTION OF THE COMPLAINT(S) as it relates to PARK OPERATION or MAINTENANCE, ALTERATIONS, ACCESSORY STRUCTURES, or the MOBILEHOME RESIDENCY LAW.**

Attach copies of documents, letters, pictures, etc. that demonstrate the nature of the complaint(s).

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Department Use Only:

