

**DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS
MOBILEHOME ASSISTANCE CENTER**

9342 Tech Center Drive, Suite 500, Sacramento, CA 95826
P.O. Box 278690, Sacramento, CA 95827-8690
(800) 952-8356 / TTY (800) 735-2929 / FAX (916) 263-3383
[HCD Website: www.hcd.ca.gov](http://www.hcd.ca.gov)



**REQUEST FOR ASSISTANCE / COMPLAINT
Mobilehome Residency Law Protection Program**

HCD MAC 425 (New 06/20)

You may submit a complaint using the following methods:

- Submit online: File online on the [HCD website](http://www.hcd.ca.gov) at www.hcd.ca.gov.
- Fill out form HCD MAC 425 below.
- Submit a written complaint supplying the information requested on form HCD MAC 425 below.

NOTE: Failure to provide all relevant information may result in a processing delay.

- **The Complainant is the mobilehome / manufactured homeowner filing the complaint.**
- **A Complainant, or their designee, may complete this form.**

Request for Reasonable Accommodation: The Complainant has the right to request a reasonable accommodation if the Complainant is unable to complete this form or has limited ability to access the form as a result of a disability. For the Reasonable Accommodation Request form, visit the [HCD website](http://www.hcd.ca.gov) at www.hcd.ca.gov, call (800) 952-8356, or email MHAssistance@hcd.ca.gov.

Check this box if the Complainant is amending and/or requesting the Department reopen a previously submitted complaint. Complaint No.: _____

SECTION I. COMPLAINANT CONTACT INFORMATION

Complainant, or their designee, shall complete the following contact information for the Complainant. The Complainant is the mobilehome / manufactured homeowner filing the complaint.

Complainant Name: _____ Telephone: _____

Address: _____ City: _____ State: ____ Zip: _____

Email (if any): _____

Translation services are available. You may request translation services by completing this form, or contacting the Department at (800) 952-8356 or MHAssistance@hcd.ca.gov. To the extent feasible, the Department has translated the complaint form into one or more languages other than English in accordance with the law. This form is available in Spanish on the [HCD website](http://www.hcd.ca.gov) at www.hcd.ca.gov.

Request translation services. Language: _____

DEPARTMENT USE ONLY: Complaint Number:

SECTION II. COMPLAINANT HOMEOWNERSHIP INFORMATION

Eligibility: Only mobilehome / manufactured homeowners that rent or lease a lot inside of a mobilehome park may participate in the MRLPP. Proof of the Complainant's homeownership must be provided and can be demonstrated by selecting **one** of the following options:

Decal number: _____

Note: The decal number (e.g., ABC1234) can be found on the top portion of the Department-issued Certificate of Title or Registration Card, or on a sticker posted on the lower right corner of the outside of the home.

or

Attach a **copy** of **one (1)** of the following:

- Certificate of Title or Registration Card
- Rental agreement or documented space transfer with Complainant's name
- Other proof of ownership: such as bill of sale, gift documentation, or proof of acquisition from a deceased prior owner

DO NOT SEND ORIGINAL SIGNED DOCUMENTS

SECTION III. MOBILEHOME PARK INFORMATION

Provide the mobilehome park information where the alleged violation(s) occurred.

Park Name: _____ Telephone: _____

Address: _____ City: _____ State: ____ Zip: _____

Email (if any): _____

If available, list the name(s) of park employee(s) or management that the Complainant attempted to resolve the matter with prior to submitting the complaint. Additional names can be added below in Section IV Complaint Information.

Name: _____

Park owner Park manager Property management company Other: _____

Name: _____

Park owner Park manager Property management company Other: _____

SECTION IV. COMPLAINT INFORMATION

Describe the issue, concern or alleged violation(s) of the Mobilehome Residency Law in this Section. If there is more than one alleged violation, describe the violations separately. When describing each alleged violation, provide all relevant facts, and any other necessary or relevant information including, but not limited to: the date(s) the violation(s) occurred, name(s) of individual(s) or company alleged to have caused the issue, concern, or violation of the Mobilehome Residency Law, and park management or representative name(s) and contact information that the Complainant informed about the issue, concern, or alleged violation(s) (if any, or any other information the Complainant believes is necessary or relevant, such as language preference). Listing specific legal references or citations are not necessary. Attach additional sheets if necessary.

Attach copies of relevant documentation that supports the Complainant's claim (if any).

Documentation may include, but is not limited to: lease agreements, park rules, communication with management (letters, emails, faxes), or photographs.

SECTION V. DESIGNEE AUTHORIZATION / POWER OF ATTORNEY (OPTIONAL)

During the complaint process, the Complainant has the right to have a designee act on their behalf. The designee will be the main point of contact for the duration of the complaint process once the designation is fully completed and received by the Department. **If there is no designee, leave Section V blank.**

Select one of the following designee options:

Appointing a designee: Select this option if the Complainant does not have court documentation or a legally executed power of attorney but would like someone to represent them through the complaint process. Complete the information requested below, including the Complainant's printed name, signature, and date signed. Provide the individual's information the Complainant wants to represent them under Designee Contact Information. A signed acknowledgement by the Complainant authorizing the designee to represent them is required.

I, _____ (Complainant), hereby authorize the person named below to act on my behalf during the complaint process and may revoke such authorization at any time either by oral or written communication transmitted to the Department.

Signature: _____ Date: _____

Authorized designee: Select this option if there is a court order or legally executed documentation for a power of attorney authorizing designee to act on the Complainant. An authorized designee is required to submit a copy of a legally executed document transferring authority to a designee to act on the Complainant's behalf with this form.

Designee Contact Information:

Name: _____ Telephone: _____

Address: _____ City: _____ State: ____ Zip: _____

Email (if any): _____

SECTION VI. CERTIFICATION

In order to certify this document and initiate a complaint, sign and date the form below. Once signed, submit the completed form and copies of any supporting documents to the Department using one of the methods below. Keep a copy of the completed form for the Complainant's records.

I certify under the laws of the State of California that the information contained within this form is true and correct to my own knowledge.

Signature: _____ Date: _____

Signed in _____ County in the State of California.

Email: MHAssistance@hcd.ca.gov

Mail: HCD—Mobilehome Assistance Center
P.O. Box 278690, Sacramento, CA 95827