## 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.texas.gov/mh HABITABILITY INSPECTION FORM

## (Not for Salvage Inspections)

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For change in designated use from either Real Property, Business Use or Non Residential Use.									
BLOCK 1: HOME INFORMATION									
Label Number:				Serial Number:					
Label Number:			Serial Number:						
Label Number:			Serial Number:						
BLOCK 2: CONTACT INFORMATION									
(	Contact Perso	on:			Phone		Alt Phone		
Retailer/Rebuilder:							Lic #		
BLOCK 3: CONSUMER INFORMATION									
						Alt Phone			
110					Thome				
Location of Home: Physical Location, City, ZIP									
BLOCK 4: INSPECTION DETAIL									
	Criteria								No
1.	Plumbing is in safe working order.							Yes	
2.	Heating systems are in safe working order.								
3.	Electrical systems are in safe working order.								
4.	Walls are free of substantial openings not designed and are structurally sound.								
5.	Exterior doors are in place and will open and close.								
6.	Windows are in place and will open and close.								
7.	Floor is free of substantial openings not designed and is structurally sound.								
8.	Roof is free of substantial openings not designed and is structurally sound.								
9.	Fire blocking is installed where applicable (recommended).								
10.	Smoke detector(s) installed and operational (recommended).								
11.	Home free of other defects, damage, or deterioration creating dangerous situation or condition.								
12.	Are the original HUD Tag(s) or Texas Seal(s) affixed to the home?								
12a.									
comment below.									
BLOCK 5: INSPECTION RESULTS  First Inspection PASSED Date:									
First Inspection FAILEDDate:Date:									
Second Inspection PASSED Date:									
Second Inspection FAILED Date:									
Third Inspection PASSED Date:									
Third Inspection FAILED Date:									
Explanation: (Precede each discrepancy with appropriate line item number)									
Inspector Printed Name:									
Inspector Signature: Date:							Date:		