Adjustment Report Monthly Production Report

U.S. Department of Housing and Urban Development Office of Manufactured Housing Programs

OMB Approval No. 2502-0233 (Expires 5/31/2026)

The Manufactured Housing Procedural and Enforcement Regulations 24 C.F.R. Chapter XX Part 3282 Section 552 requires manufacturers to report certification label usage on a monthly basis. This from requires the manufacturer to report any adjustments to previously submitted monthly production reports. Public reporting burden for this collection of information is estimated to average 0.5 hours per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Response to this information collection is mandatory under 42 U. S.C. 5413(c)(3) and (f). This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Privacy Notice:

Manufacturer's Name & Address

HUD collects information in accordance with 42 U.S.C. 5413(c)(3) of the National Manufactured Housing Construction and Safety Standards Act of 1974 which requires manufacturers, under 42 U.S.C. 5413(f), to maintain records, make reports and provide such information as HUD requires to determine whether the manufacturer is in compliance with the standards established under 42 U.S.C. 5403.

Purpose of this collection is necessary for accurate dispensation of program benefits and credits. Failure to comply with these regulations may subject the party in question to the civil and criminal penalties provided for in section 611 of the Act, 42 U.S.C. 5410. While HUD generally only discloses this data in response to a Freedom of Information or audit request, any information collected pursuant to 42 U.S.C. 5413(b), (c), (f), or (g) which contains or relates to a trade secret that would result in a substantial competitive disadvantage if disclosed shall be considered confidential and shall not be further disclosed except as required or permitted under 42 U.S.C. 5413(h).

Factory Name & Address

| Manufactur | er's Representat | ive | | | | Phone | | Date (mm/dd/yyyy) | | | | |
|---|-------------------|--------|-------------------------------|--------|--|---------|------|---------------------|--|--|--|--|
| | | | | | | | | | | | | |
| Report for r | month of (mm/yyy | /y) | | | | Page of | | | | | | |
| Section | (to add an un | report | ed unit) | | | | | | | | | |
| Certification Label Number (with all zeros) | er Manufacturer's | | Retailer or Distributor Infor | mation | First Location of Home Shipment (if not the retailer or distributor address) | | Site | Brief Description o | | | | |

| Label Number (with all zeros) | Serial Number (with all letters and | | f Manufacture | | | Retailer or Distributor Information | | | | First Location of Home Shipment (if not the retailer or distributor address) | | | | | | Brief Description of |
|----------------------------------|--|-------|---------------|---|---|---|-----------|-------|-----|--|--|-----------|-------|-------|--|--|
| IPIA Name | numbers including unit, AC, and SC designations, etc.) | Unit1 | | | Name | Street Address | City/Town | State | Zip | Name | Street Address | City/Town | State | Zip | Completion Numeric ID (as needed) (xxx-SC-xx) | (as needed) |
| xxxxxxxxxx | xxxxxxxxxxxxx | Х | xx/xx/xxxx | х | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | | | | | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | | | XXXXX | | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| | | | | | | | | | | | | | | | | |
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Section II (to correct previously reported information)

| Certification Label Number (include all zeros and agency prefix) | Complete Manufacturer's M/H ID or Serial Numbers | Date of Manufacture (mm/dd/yyyy) | Previous information | Correction (for retailer change, include Name, City, and State) | | | | | |
|--|--|-------------------------------------|----------------------|---|--|--|--|--|--|
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| | | | | | | | | | |

Previous editions obsolete

1Type of Unit: Single-wide Unit (S) Multi-wide Unit 1st Section (1) Multi-wide Unit 2nd Section (2) Multi-wide Unit 3rd Section (3) ²Type of Location: (Specific purchaser, if known) H - Homeowner F - FEMA

R – Retailer O - Other Form **HUD-304** (09/16)

Section III (to be completed for open destinations)

| Certification Label Number (with all zeros) | Manufacturer's Serial Number (with all letters and | Type of Unit1 | Type | Туре | Type | Type | Type | Type | Type | Type | Туре | Туре | Туре | Type | Type | Type | Type | Type | Type | Type | Date of | Date of | First Home | Retailer or Distributor Information | | | | | First Location of Home Shipment (if not the retailer or distributor address) | | | | | | Brief Description of |
|---|--|---------------|-----------------------------|------|------|---|-----------|-------|-------|------|---|-----------|-------|-------|--|--|------|------|------|------|---------|---------|---------------|-------------------------------------|--|--|--|--|--|--|--|--|--|--|----------------------|
| IPIA Name | numbers including unit, AC, and SC designations, etc.) | | Manufacture (mm/dd/yyyy) | | Name | Street Address | City/Town | State | Zip | Name | Street Address | City/Town | State | Zip | Completion Numeric ID (as needed) (xxx-SC-xx) | (as needed) | | | | | | | | | | | | | | | | | | | |
| xxxxxxxxxx | xxxxxxxxxxxxx | х | xx/xx/xxxx | х | | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | | | XXXXX | | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | | XX | xxxxx | XXX-XX-XX | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | | | | | | | | | | | | | | | | | | | |
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