Reset Form

MANUFACTURED HOME PLACEMENT SUPPLEMENT

1. YEAR: _____
2. MANUFACTURER: _____
3. MODEL: _____
4. COLOR: _____
5. SERIAL NUMBER: _____
6. HUD NUMBER: _____
7. (Please Check One) ◯ SINGLE WIDE ◯ DOUBLE WIDE ◯ TRIPLE WIDE
8. NUMBER OF: BEDROOMS_____ BATHROOMS_____
9. TOTAL SQUARE FOOTAGE: _____
10. WILL THERE BE AN ATTACHED GARAGE? ◯ YES ◯ NO
11. WILL THE MFH BE DELIVERED DIRECTLY FROM THE MANUFACTURER?

    ◯ YES ◯ NO
12. IF NOT COMING FROM THE MANUFACTURER, WHERE IS THE HOME COMING FROM?

    (PREVIOUS ADDRESS)_____
13. TENTATIVE PLACEMENT DATE _____

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