

**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



**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 at [www.hcd.ca.gov](http://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 at [www.hcd.ca.gov](http://www.hcd.ca.gov), call (800) 952-8356, or email [MHAssistance@hcd.ca.gov](mailto: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](mailto: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 at [www.hcd.ca.gov](http://www.hcd.ca.gov).

Request translation services. Language: \_\_\_\_\_

DEPARTMENT USE ONLY: Complaint Number: \_\_\_\_\_