

## Kansas Manufactured Housing Program

## **Dispute Resolution Process**

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#### Authority

The Kansas Manufactured Housing Act ("Act") located at K.S.A. 58-4201, et seq., gave the Kansas Housing Resources Corporation ("KHRC") authority to adopt installation standards and administer licenses for the installation of manufactured housing in the State of Kansas. The installation standards licensing and regulations ("Regulations") can be found at K.A.R. 127-2-1, et seq. and www.kshousingcorp.org.

The Act under K.S.A. 58-4224 also gave KHRC the authority to resolve disputes between the owners and installers of manufactured homes. Accordingly, KHRC created the Kansas Manufactured Housing Program ("Program") Dispute Resolution Process that provides the process and procedures for resolving disputes under the Program and Act. The intent is to fairly assess and equitably resolve disputes between owners and installers of manufactured housing.

#### Administration of Program

The Program is being administered by KHRC's Community Solutions Division, and may be contacted at:

Kansas Housing Resources Corporation Manufactured Housing Program 200 SW 6<sup>th</sup> Ave. Topeka, KS 66603-3803

Phone: 785-217-2040 or 785-217-2001

E-mail: <u>ccamblin@kshousingcorp.org</u> or <u>info@kshousingcorp.org</u>

#### **Initiating a Complaint**

An owner of a manufactured home who believes his or her home is not in compliance with the installation standards under the Act or the National Manufactured Housing Construction and Safety Standards Act may file a complaint within one year of completion of the installation.

The complaint shall be in writing, signed, and dated, on the Manufactured Housing Dispute Resolution Complaint Form. The complaint must be accompanied by a non-refundable fee of \$100.00 in the form of a check or money order. The form and fee should be sent to the attention of the Manufactured Housing Program at KHRC.

#### **Inspection of Home**

Upon receiving a complaint, KHRC will designate a qualified inspector to conduct an inspection of the manufactured home to determine the validity of the owner's complaint. Upon the designation of the inspector, KHRC will give written notice to all parties involved in the dispute.

The designated inspector will give all parties an opportunity to be present for the inspection. The inspector must be given full access to the property and no party shall inhibit or delay the inspection.

After completion of the inspection, the inspector will prepare a written report of the inspector's findings of defects, if any. The report will be submitted to KHRC's Executive Director. All parties involved in the dispute will receive a copy of the report.

#### **Objections to the Inspection Report**

Within 10 days of receiving the inspector's report, any party involved in the dispute may file objections to the inspector's report. Objections must be submitted in writing, signed, and dated, to the attention of the Manufactured Housing Program at KHRC. KHRC will provide a copy of the written objections to all other interested parties.

#### **Executive Director's Order**

KHRC's Executive Director will review the inspector's report and any written objections. The Executive Director will then issue an order directing the action, if any, to be taken by the parties involved.

The Executive Director's order will assess the costs of the inspection to the nonprevailing party or parties. If no party prevails on all issues, the Executive Director will assess the costs to the parties in such proportion as the Executive Director deems just and equitable.

#### Appeal of Executive Director's Order

Any party aggrieved by the Executive Director's order may file a written request for a hearing within 10 days of the date of the Executive Director's order. A Request Hearing Form must be submitted to the attention of the Manufactured Housing Program at KHRC.

The hearing will be conducted according to the Kansas Administrative Procedures Act. The hearing officer will have the ability to affirm or overturn the Executive Director's order, as well as assess costs to the parties.

#### **Civil Penalties**

By statute, any civil penalties paid to KHRC under the Program will be deposited in the State Housing Trust Fund.

## **KANSAS HOUSING**

#### Manufactured Housing Dispute Resolution Complaint Form (v. 6/25)

Please print legibly or type

CONSUMER INFORMATION (REQUIRED)		
Name:	File Name:	
Address:	Date of Inquiry:	
City/State/Zip:	Inspector:	
County:	Received by:	
Work Phone:	Date of receipt:	
Home Phone:	Other:	
Cell Phone:		
MANUFACTURER INFORMATION (REQUIRED)	HOME INFORMATION (REQUIRED)	
Name:	Type of home:   Single OR  Multi-section	
Address:	Set Up:  Basement  Foundation  Piers	
City/State/Zip:	Serial Number:	
DEALER INFORMATION (REQUIRED)	HUD Label Number:	
Name:	Model:	
Address:	Date of Manufacture:	
City/State/Zip:	Date of Installation:	
INSTALLER INFORMATION (REQUIRED)	Are you the first owner of the home?	
Name:		
Address:	Has the home been moved from the original location?	
City/State/Zip:		
REASON FOR REQUEST (REQ		
List each concern separately. Do not write conc	erns in paragraph form.	
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
Attach additional sheets if nece	essarv	
By my signature below, I represent that all of the information in this form is true and complete to		
KHRC is required to provide notice to all interested parties upon the filing of this complaint. I furt		
conduct an inspection of my home solely for the purpose of determining the validity of my conce	rns noted above, and I agree to give the inspector full access to the	
premises. Finally, I acknowledge that all interested parties are entitled to be present during the i		
(REQUIRED) Signature of Consumer	Date:	
This form must be completed in full, accompanied by a check for \$100.00 made payable to Kans		
Bill of Sale or Purchase Agreement.		
	Phone: (785) 217-2040	
	AX: (785) 232-8084	
	Email: info@kshousingcorp.org	
	VEB: www.kshousingcorp.org	

# **KANSAS HOUSING**

#### **REQUEST FOR HEARING**

Date:	
Name: Address:	
Phone: Cmail:	
Representative: Representative's Address:	
request an administra	ative hearing to review the decision or final action taken by:
Agency Office: Type of Program: Date of Action Being Appealed:	
	deration of this matter because: <i>(continue on back if necessary</i> n or final action is not satisfactory in your circumstances)

I understand that this is a hearing in accordance with the provisions of the Kansas Administrative Procedure Act, K.S.A. 77-501, *et seq*.

Signature: Person Requesting Administrative Hearing