

## FOUNDATION INSPECTION ORDER FORM FOR MANUFACTURED HOME

Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Name: \_\_\_\_\_ Ordered by: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Access Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Mortgagor (loan applicants): \_\_\_\_\_

Loan Type (FHA HUD): \_\_\_\_\_ Date Report Needed: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Full Property Address: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Date Home Was Manufactured: \_\_\_\_\_

Manufacturer's Serial # \_\_\_\_\_ Model # \_\_\_\_\_

HUD Certification # \_\_\_\_\_ Year of Foundation: \_\_\_\_\_

Foundation Type:     Block         Poured Wall         Crawl Space         Basement

Legal Description: Township \_\_\_\_\_ County \_\_\_\_\_

Nearest Crossroads: \_\_\_\_\_

Certify Report To: \_\_\_\_\_

The process of a Foundation Inspection is to take measurements and photos of the exterior of the home and inspect the crawl space and foundation system. Enough relevant data is collected to make an informed decision as to whether the foundation is in compliance with HUD/FHA requirements. *Lapham Associates* will provide a report verifying whether or not the home foundation complies with HUD's permanent foundation guide for manufactured housing.

The report is based on information provided to *Lapham Associates* at the time of the inspection. Any information provided after the field inspection has been completed will not be included in the report, and any subsequent information may require a second site visit and additional costs.

**A Foundation Inspection is not a structural analysis inspection. *Lapham Associates* does not make any suggestions, recommendations or prepare any design drawings. However, *Lapham Associates* can provide these services for any non-compliant home. Please call our office for a written quote should you need these services.**

**Base Rates:** See the attached Foundation Inspection Fee Schedule (subject to change without notice).  
**Payment is due in advance of any project being scheduled.**

All inspections will be scheduled approximately 5 business days from receipt of this Order Form and payment in full. Feel free to contact our office at 989-386-7774 with any questions.

A signature below indicates an understanding of the information provided on this Order Form.

Signature: \_\_\_\_\_ Please Print: \_\_\_\_\_

**IF MAKING PAYMENT BY CHECK, PLEASE MAIL TO PO BOX 33, CLARE, MI 48617**

**Credit Card Payments:**

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on card: \_\_\_\_\_ 3 Digit Security Code: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Signature Authorizing Payment: \_\_\_\_\_

**THANK YOU!**