

# Paperwork Reduction Act

## Change Worksheet

Agency/Subagency: <b>U.S. Department of Housing and Urban Development</b>	OMB Control Number: <b>2577-0229</b>
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Enter only items that change	Current Record	New Record**
Agency form number(s): 52751		
<b>Annual reporting and keeping hour burden</b>		
Number of respondents		
Total annual responses		
Percent of these responses collected electronically	%	%
Total annual hours		
Difference		
Explanation of difference Program change Adjustment		
<b>Annual reporting and recordkeeping cost burden</b> (in thousands of dollars)		
Total annualized Capital/Startup costs		
Total annual costs (O&M)		
Total annualized cost requested		
Difference		
Explanation of difference Program change Adjustment		

Other change: \*\*

Delete page 3. This is the same information asked for on form 52753.

on p. 1 - in the instructions, delete the last sentence about section F.

p.1 - under A, move "PHA Code \_\_\_\_\_" to its own line and follow with "All applicants must identify a primary PHA"

p. 1 under A. following line above, please add a line as follows: Joint applicants indicate non-lead applicants:

PHA Name \_\_\_\_\_ PHA Code \_\_\_\_\_.

Signature of Senior Official or Designee:	Date:	<b>For OIRA Use</b>
X Lillian Deitzer, Departmental Reports Management Officer, OCIO		

\*\* This form cannot be used to extend an expiration date.