PAPERWORK REDUCTION ACT CHANGE WORKSHEET

Agency/Subagency			OMB Control Number	
U.S. Department of Housing and Office of Housing, Office of Multifamily Hou		ı	2502-0204	
	Enter only items the Current rec		New record	
Agency form number(s)	Current rec	oru	New record	
HUD-9887/9887-A				
Annual reporting and recordkeeping hour burden				
Number of respondents				
Total annual responses				
Percent of these responses collected electronically				
Total annual hours				
Difference				
Explanation of difference				
Program change				
Adjustment				
Annual reporting and recordkeeping cost burden (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 changes** Updates were made to the form; which included typographical and grammatical updates. Additionally, the statements were revised to provide ease to the applicant/tenant.				
Signature of Senior Official or designee:		Date:	For OIRA Use	

^{**}This form cannot be used to extend an expiration date. OMB FORM 83-C