Paperwork Reduction Act Submission

Please read the instruction before completing this form. For additional forms or assistance in completing this forms, contact your agency's Paperwork Reduction Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 Seventeenth St. NW, Washington, DC 20503.

1. Agency/Subagency Originating Request:	2. OMB Control Number:
U.S. Department of Housing and Urban Development Office of Policy Development and Research	a. 2528-0203 b. None
Office of Policy Development and Research	
3. Type of information collection: (check one) a. New Collection b. Revision of a currently approved collection c. Extension of a currently approved collection d. Reinstatement, without change, of previously approved collection for which approval has expired e. Reinstatement, with change, of previously approved collection for which approval has expired f. Existing collection in use without an OMB control number For b-f, note item A2 of Supporting Statement instructions. 7. Title: Quality Control for Rental Assistance Subsidy Determine 8. Agency form number(s): (if applicable) None 9. Keywords: Housing, Rent Subsidies 10. Abstract: Data are collected on a sample of households receiving HU	 6. Requested expiration date: a. Three years from approval date b. Other (specify)
their incomes verified to determine if subsidies are correctly are used to target corrective actions and measure the impa	y calculated. The study identifies the costs and types of errors. The results act of past corrective actions.
11. Affected public: (mark primary with "P" and all others that apply with "X") a. P Individuals or households e. Farms b. Business or other for-profit f. Federal Government c. X Not-for-profit institutions g. State, Local or Tribal Government	 12. Obligation to respond: (mark primary with "P" and all others that apply with "X") a. Voluntary b. P Required to obtain or retain benefits c. Mandatory
c. Total annual hours requested236d. Current OMB inventory274e. Difference (+,-)-37f. Explanation of difference:-371. Program change:-37	50b. Total annual costs (O&M)05%c. Total annualized cost requested067d. Current OMB inventory042e. Difference0
 15. Purpose of Information collection: (mark primary with "P" and all others th with "X") a. Application for benefits b. X Program evaluation c. General purpose statistics d. X Audit 	a. Recordkeeping b. Third party disclosure
17. Statistical methods: Does this information collection employ statistical methods? Yes No	 18. Agency contact: (person who can best answer questions regarding the content of this submission) Name: Ives Djoko Phone: 202/708-0426 x 5851

19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal Agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

Note: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320/8(b)(3). Appear at the end of the instructions. The certification is to be made with reference to those regulatory provisions as set forth in the instructions.

The following is a summary of the topics, regarding the proposed collections of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3):
 - (i) Why the information is being collected;
 - (ii) Use of the information;
 - (iii) burden estimate;
 - (iv) Nature of response (voluntary, required for a benefit, or mandatory);
 - (v) Nature and extent of confidentiality; and
 - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to collected (see note in item 19 of the instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in item 18 of the Supporting Statement.

Signature of Program Official:	Date:
Signado or rogian omota.	Date.
X	

Signature of Senior Officer or Designee:	Date:
X	
Lillian L. Deitzer, Departmental Reports Management Officer	
Office of Investment Strategies, Policy, and Management, Office of the Chief Information Officer	

Signature of Senior Officer or Designee:	Date:
X	
Lillian L. Deitzer, Departmental Reports Management Officer	
Office of Investment Strategies, Policy, and Management, Office of the Chief Information Officer	