

**PAPERWORK REDUCTION ACT  
CHANGE WORKSHEET**

<b>Agency/Subagency</b>  <b>U.S. Department of Housing and Urban Development</b> Office of Housing, Office of Multifamily Housing Development		<b>OMB Control Number</b>  2502-0261
<i>Enter only items that change</i>		
<b>Current record</b>		<b>New record</b>
<b>Agency form number(s)</b>	HUD-424CBW (remove) No burden hour change as this is approved under 2501-0017	Add: HUD-96011. 420 responses@ 0.1 hrs = 42 hours.  Add: SHFAs must submit evidence of statutory authority to operate and to apply for and use funds awarded. 40 responses @ .02 hrs = 1 hour.  Add: Applicants must provide, for the press release, a brief description of their organizational history and grant activities. 420 responses at 0.5 hrs = 210 hours.
<b>Annual reporting and recordkeeping hour burden</b>		
	Number of respondents	
	Total annual responses	22,424
	Percent of these responses collected electronically	100%
	Total annual hours	29,448
	Difference	+253
	Explanation of difference	
	Program change	
	Adjustment	+253
<b>Annual reporting and recordkeeping cost burden (in thousands of dollars)</b>		
	Total annualized Capital/Startup costs	
	Total annual costs (O&M)	
	Total annualized cost requested	
	Difference	
	Explanation of difference	
	Program change	
	Adjustment	
<p>To comply with the General Section of the Notice of Funding Availability for this program, HUD requests approval to add the following information collections to subject collection.</p> <p>Add: HUD-96011. This is a fax cover sheet required for any third-party documentation required.</p> <p>Add: State Housing Finance Agencies (SHFAs) must submit evidence of statutory authority to operate and to apply for and use funds awarded. This would involve copying and forwarding documentation already on hand.</p> <p>Add: Applicants must provide, for the press release, a brief description of their organizational history and grant activities. This information is required for HUD to comply with the requirements of notifying the public of grant recipients.</p>		
		For OIRA Use
		_____
		_____
		Date:

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