

# 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.

<p>1. Agency/Subagency Originating Request:  <b>U.S. Department of Housing and Urban Development</b>                  Office of Public and Indian Housing</p>		<p>2. OMB Control Number:                  a. <b>2577-0178</b>      b. None</p>																																			
<p>3. Type of information collection: (check one)</p> <p>a. <input type="checkbox"/> New Collection</p> <p>b. <input type="checkbox"/> Revision of a currently approved collection</p> <p>c. <input checked="" type="checkbox"/> Extension of a currently approved collection</p> <p>d. <input type="checkbox"/> Reinstatement, <b>without change</b>, of previously approved collection for which approval has expired</p> <p>e. <input type="checkbox"/> Reinstatement, <b>with change</b>, of previously approved collection for which approval has expired</p> <p>f. <input type="checkbox"/> Existing collection in use without an OMB control number</p> <p>For b-f, note item A2 of Supporting Statement instructions.</p>		<p>4. Type of review requested: (check one)</p> <p>a. <input checked="" type="checkbox"/> Regular</p> <p>b. <input type="checkbox"/> Emergency - Approval requested by</p> <p>c. <input type="checkbox"/> Delegated</p> <p>5. Small entities: Will this information collection have a significant economic impact on a substantial number of small entities?  <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p> <p>6. Requested expiration date:                  a. <input checked="" type="checkbox"/> Three years from approval date    b. <input type="checkbox"/> Other (specify)</p>																																			
<p>7. Title:  <b>Family Self-Sufficiency Program (FSS)</b></p>																																					
<p>8. Agency form number(s): (if applicable)                  HUD-52650; HUD-52651, HUD-52652, SF-424, SF-LLL, HUD-50058, HUD-96010, HUD-2880, HUD-2994-A, HUD-2991</p>																																					
<p>9. Keywords:                  Housing, public housing, rent subsidies, family self-sufficiency funding application</p>																																					
<p>10. Abstract:                  Housing agencies enter into a Contract of Participation with each eligible family that opts to participate in the program; consult with local officials to develop an Action Plan; and report annually to HUD on implementation of FSS program. PHAs may apply for funding to pay the salary of a FSS program coordinator.</p>																																					
<p>11. Affected public: (mark primary with "P" and all others that apply with "X")</p> <p>a. Individuals or households    e. Farms</p> <p>b. Business or other for-profit    f. Federal Government</p> <p>c. Not-for-profit institutions    g. <b>P</b> State, Local or Tribal Government</p>		<p>12. Obligation to respond: (mark primary with "P" and all others that apply with "X")</p> <p>a. Voluntary</p> <p>b. <b>P</b> Required to obtain or retain benefits</p> <p>c. Mandatory</p>																																			
<p>13. Annual reporting and recordkeeping hour burden:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">a. Number of respondents</td> <td style="text-align: right;">750</td> </tr> <tr> <td>b. Total annual responses</td> <td style="text-align: right;">46,505</td> </tr> <tr> <td>    Percentage of these responses collected electronically</td> <td style="text-align: right;">92%</td> </tr> <tr> <td>c. Total annual hours requested</td> <td style="text-align: right;">36,202</td> </tr> <tr> <td>d. Current OMB inventory</td> <td style="text-align: right;">39,206</td> </tr> <tr> <td>e. e. Difference (+,-)</td> <td style="text-align: right;">-3,004</td> </tr> <tr> <td colspan="2">f. Explanation of difference:</td> </tr> <tr> <td>    1. Program change:</td> <td></td> </tr> <tr> <td>    2. Adjustment:</td> <td style="text-align: right;">-3,004</td> </tr> </table>		a. Number of respondents	750	b. Total annual responses	46,505	Percentage of these responses collected electronically	92%	c. Total annual hours requested	36,202	d. Current OMB inventory	39,206	e. e. Difference (+,-)	-3,004	f. Explanation of difference:		1. Program change:		2. Adjustment:	-3,004	<p>14. Annual reporting and recordkeeping cost burden: (in thousands of dollars)                  Do not include costs based on the hours in item 13.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">a. Total annualized capital/startup costs</td> <td style="text-align: right;">0</td> </tr> <tr> <td>b. Total annual costs (O&amp;M)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>c. Total annualized cost requested</td> <td style="text-align: right;">0</td> </tr> <tr> <td>d. Current OMB inventory</td> <td style="text-align: right;">0</td> </tr> <tr> <td>e. Difference</td> <td style="text-align: right;">0</td> </tr> <tr> <td colspan="2">f. Explanation of difference:</td> </tr> <tr> <td>    1. Program change:</td> <td></td> </tr> <tr> <td>    2. Adjustment:</td> <td></td> </tr> </table>		a. Total annualized capital/startup costs	0	b. Total annual costs (O&M)	0	c. Total annualized cost requested	0	d. Current OMB inventory	0	e. Difference	0	f. Explanation of difference:		1. Program change:		2. Adjustment:	
a. Number of respondents	750																																				
b. Total annual responses	46,505																																				
Percentage of these responses collected electronically	92%																																				
c. Total annual hours requested	36,202																																				
d. Current OMB inventory	39,206																																				
e. e. Difference (+,-)	-3,004																																				
f. Explanation of difference:																																					
1. Program change:																																					
2. Adjustment:	-3,004																																				
a. Total annualized capital/startup costs	0																																				
b. Total annual costs (O&M)	0																																				
c. Total annualized cost requested	0																																				
d. Current OMB inventory	0																																				
e. Difference	0																																				
f. Explanation of difference:																																					
1. Program change:																																					
2. Adjustment:																																					
<p>15. Purpose of Information collection: (mark primary with "P" and all others that apply with "X")</p> <p>a. <b>X</b> Application for benefits    e. <b>P</b> Program planning or management</p> <p>b. Program evaluation    f. Research</p> <p>c. General purpose statistics    g. Regulatory or compliance</p> <p>d. Audit</p>		<p>16. Frequency of recordkeeping or reporting: (check all that apply)</p> <p>a. <input checked="" type="checkbox"/> Recordkeeping    b. <input type="checkbox"/> Third party disclosure</p> <p>c. <input checked="" type="checkbox"/> Reporting:</p> <table style="width: 100%;"> <tr> <td>1. <input checked="" type="checkbox"/> On occasion</td> <td>2. <input type="checkbox"/> Weekly</td> <td>3. <input type="checkbox"/> Monthly</td> </tr> <tr> <td>4. <input type="checkbox"/> Quarterly</td> <td>5. <input type="checkbox"/> Semi-annually</td> <td>6. <input checked="" type="checkbox"/> Annually</td> </tr> <tr> <td>7. <input type="checkbox"/> Biennially</td> <td>8. <input type="checkbox"/> Other (describe)</td> <td></td> </tr> </table>		1. <input checked="" type="checkbox"/> On occasion	2. <input type="checkbox"/> Weekly	3. <input type="checkbox"/> Monthly	4. <input type="checkbox"/> Quarterly	5. <input type="checkbox"/> Semi-annually	6. <input checked="" type="checkbox"/> Annually	7. <input type="checkbox"/> Biennially	8. <input type="checkbox"/> Other (describe)																										
1. <input checked="" type="checkbox"/> On occasion	2. <input type="checkbox"/> Weekly	3. <input type="checkbox"/> Monthly																																			
4. <input type="checkbox"/> Quarterly	5. <input type="checkbox"/> Semi-annually	6. <input checked="" type="checkbox"/> Annually																																			
7. <input type="checkbox"/> Biennially	8. <input type="checkbox"/> Other (describe)																																				
<p>17. Statistical methods:                  Does this information collection employ statistical methods?  <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>		<p>18. Agency contact: (person who can best answer questions regarding the content of this submission)                  Name: Kathryn L. Greenspan                  Phone: 202-708-0614 x4055</p>																																			

---

## 19. Certification for Paperwork Reduction Act Submissions

On behalf of the U.S. Department of Housing and Urban Development, 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:

X Alfred C. Jurison, Director, Housing Voucher Management and Operations Division

---

Signature of Senior Officer or Designee:

Date:

X  
Lillian L. Deitzer, Departmental Reports Management Officer,  
Office of the Chief Information Officer

# Supporting Statement for Paperwork Reduction Act Submissions

## A. Justification

1. The Family Self-Sufficiency (FSS) Program is authorized under Section 554 of the Cranston-Gonzalez National Affordable Housing Act (P.L. 101-625). The purpose of the FSS program is to develop local strategies to coordinate the use of public housing and Section 8 housing choice voucher rental assistance with support services provided by public and private resources to enable families to achieve economic independence and self-sufficiency.
2. Each Public Housing Agency (PHA) carrying-out a local FSS Program must enter into a Contract of Participation (Form HUD-52650) with each eligible family that opts to participate in the program. The contract enumerates the services of the local FSS Program that are made available to tenants, as well as the responsibilities and obligations of the participating family. The Contract of Participation is required by law (Section 23(c) of the U. S. Housing Act of 1937, as added by Section 554 of the Cranston-Gonzales National Affordable Housing Act, P.L. 101-625).

Each PHA must consult with local officials to develop an Action Plan containing descriptions of the size, characteristics, and needs of the population to be served by its proposed self-sufficiency program; the services and activities it will provide; how the program will be implemented; the public and private resources through which services and activities will be provided; a time-table for implementation; and other data necessary for HUD to ensure coordinated implementation of program services and activities. The Plan will be submitted to HUD as required by law (Section 23 (g) of the U. S. Housing Act of 1937 as added by Section 554 of the Cranston-Gonzalez National Affordable Housing Act, P.L. 101-625).

PHAs must establish an FSS escrow account for each family participating in the program. PHAs will use Form HUD-52652, FSS Escrow Account Credit Worksheet, to determine escrow credit for each participating family. During the term of the Contract of Participation, the PHA credits to the tenant's FSS escrow account a portion of any increase of rent paid that would otherwise result from increases in earned income. This provision is required by law (Section 23(d) of the U. S. Housing Act of 1937, as added by Section 554 of the Cranston-Gonzalez National Affordable Housing Act, P. L. 101-625).

Submittal of annual reports to HUD is required by law (Section 23(1) of the U. S. Housing Act of 1937, as added by Section 554 of the Cranston-Gonzalez National Affordable Housing Act, P. L. 101-625). PHAs fulfill their annual FSS reporting requirements by completion of the FSS addendum to the Form HUD-50058 and through information submitted in narrative form. The burden hours for the reporting through the HUD-50058 are covered under OMB control number 2577-0083.

The application form, HUD-52651, for FSS Program Coordinator funding is necessary to ensure compliance with Section 102 of the Department of Housing and Urban Development Reform Act of 1989 (42 U.S.C. 3545) (HUD Reform Act) and the regulations codified in 24 CFR part 4, subpart A which contain provisions to ensure greater accountability and integrity in provision of assistance administered by HUD. Additional forms used in the application package are the SF-424, OMB approval # 0348-0043; SF-LLL, OMB approval # 0348-0046, and HUD-96010, OMB # 2535-0114.

3. As part of the ongoing implementation of the Electronic Government (E-Government) component of the President's Management Agenda, all application packages for funding of salaries for Housing Choice Voucher Family Self-Sufficiency coordinators are submitted to HUD electronically by PHAs. In addition, information from each family's Escrow Credit Worksheet, HUD-52652, and FSS Contract of Participation, HUD-52650, is submitted to HUD electronically by PHAs using the HUD-50058, Family Report.
4. There is no duplication of effort. Information collected is unique to each participant and does not duplicate any similar information.
5. The information being collected has no significant impact on small businesses or other small entities. The burden associated with such collection of information is the minimum needed for program monitoring.

6. Federal program requirements, policy activities and statutory mandates would not be met if the collection is not conducted, or is conducted less frequently. The information is a one-time collection by the PHA and submitted to HUD for review in accordance with statutory requirements.
7. There are no special circumstances that would cause information collection to be conducted inappropriately.
8. In accordance with 5 CFR 1320.8(d), the agency published a notice that appeared in the *Federal Register* dated 12/20/06, Docket Number FR- 5044-N-23. The comment period ended on 2/20/07. A copy of this notice is attached. One comment was received on this information collection that confirmed that the FSS program forms were useful for FSS information collection and that time required to complete the forms will vary depending on factors including program size. The writer indicated that a number of the standard forms required as part of the application package for HCV/FSS program coordinator funding under the HUD SuperNOFA, were not useful. Finally, the writer raised questions about retrieval of data from HUD's PIC data system. The Department responded by explaining that the general forms are not HCV/FSS program forms, but standard forms required of all applicants for funding under HUD's SuperNOFA and that the Department is implementing new procedures that will improve retrieval of data from HUD's PIC system. The Department consults periodically with PHAs that administer the HCV/FSS program on various aspects of data collection and recordkeeping through meetings, teleconferences, and phone calls.
9. No payment or gifts to respondents are provided.
10. Assurance of confidentiality is neither provided nor needed.
11. No sensitive questions are being asked.

12. Estimated Annual Reporting and Recordkeeping Burden

Description of Information Collection	Number of Respondents	Responses per Year	Total Annual Responses	Hrs per Response	Total Hours
SF424	750	1	750	0.75	562.5
SF LLL	10	1	10	0.17	1.7
HUD 2880 (2510-0011)	750	1	750	0	0
HUD 96010 (2535-0114)	750	1	750	0	0
HUD-2991 Certification	750	1	750	0	0
HUD-2994-A (2535-0116)	750	1	750	0	0
FSS Application, HUD-52651	750	1	750	0.75	563
Affirmatively Furthering Fair Housing Statement	750	1	750	.5	375
<b>Subtotal (Application)</b>	<b>750</b>	<b>1</b>	<b>750</b>	<b>2.17</b>	<b>1502.2</b>
Action Plan	5	1	5	40	200
Contract of Participation HUD-52650	750	10	7,500	.25	1,875
Escrow Account Credit Worksheet HUD-52652	750	50	37,500	.85	31,875
Annual Report (Narrative)	750	1	750	1	750
HUD-50058 (2577-0083)	750	50	37,500	0	0
<b>Subtotal (Program Reporting/Recordkeeping)</b>	<b>750</b>	<b>Varies</b>	<b>45,755</b>	<b>42.1</b>	<b>34,700</b>
<b>Total</b>	<b>750</b>	<b>Varies</b>	<b>46,505</b>	<b>44.27</b>	<b>36,202.2</b>

The estimate of the total annual cost burden to respondents/recordkeepers resulting from the collection of this information is: 36,202.2 x \$18 per hour = \$651,639.6.

13. There are no additional costs to the respondents.

14. Estimated annualized cost to the Federal Government for this collection:

---

	No. of Responses	Hrs. Per Response	Annual Hrs	Cost Per Hr.	Cost to Fed/yr
Action Plan	5	2	10	\$22.00	\$220
Reporting	750	0.5	375	\$22.00	\$8,250
Funding Application	750	0.25	188	\$22.00	\$4,136
Total Cost					\$12,606

15. The decrease in burden hours is the result of fewer new housing agencies implementing the program and an adjustment to subtract hours for standard forms with burden hours reported under other OMB numbers.

16. The information collection results will not be published; the funded grant awards will be published as required by the HUD Reform Act.

17. The expiration date and the OMB approval number will be displayed in the Notice of Funding Availability and on all related forms.

18. There are no exceptions to the certification statement identified in item 19.

---

**B. Collections of Information Employing Statistical Methods**

This collection of information does not employ statistical methods.