

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: U.S. Department of Housing and Urban Development Office of Policy Development and Research		2. OMB Control Number: a. <input type="checkbox"/> None b. <input type="checkbox"/> None	
3. Type of information collection: (check one) a. <input checked="" type="checkbox"/> New Collection b. <input type="checkbox"/> Revision of a currently approved collection c. <input type="checkbox"/> Extension of a currently approved collection d. <input type="checkbox"/> Reinstatement, without change , of previously approved collection for which approval has expired e. <input type="checkbox"/> Reinstatement, with change , of previously approved collection for which approval has expired f. <input type="checkbox"/> Existing collection in use without an OMB control number For b-f, note item A2 of Supporting Statement instructions.		4. Type of review requested: (check one) a. <input type="checkbox"/> Regular b. <input checked="" type="checkbox"/> Emergency - Approval requested by 05/07/2007 c. <input type="checkbox"/> Delegated 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 6. Requested expiration date: a. <input type="checkbox"/> Three years from approval date b. <input checked="" type="checkbox"/> Other (specify) 1 yr from approval	
7. Title: Alternative Housing Pilot Program Evaluation Baseline Survey			
8. Agency form number(s): (if applicable)			
9. Keywords: FEMA, Temporary Housing, Disaster			
10. Abstract: HUD is conducting an evaluation of FEMA's Alternative Housing Pilot Program (AHPP). Due to the immediate need to improve the temporary housing situation for many victims of Hurricanes Katrina and Rita, FEMA is rapidly developing the alternative housing. In order to measure program effectiveness, the evaluation requires that we do a baseline evaluation of households before they receive a housing unit.			
11. Affected public: (mark primary with "P" and all others that apply with "X") a. <input checked="" type="checkbox"/> Individuals or households b. <input type="checkbox"/> Business or other for-profit c. <input type="checkbox"/> Not-for-profit institutions e. <input type="checkbox"/> Farms f. <input type="checkbox"/> Federal Government g. <input type="checkbox"/> State, Local or Tribal Government		12. Obligation to respond: (mark primary with "P" and all others that apply with "X") a. <input checked="" type="checkbox"/> Voluntary b. <input type="checkbox"/> Required to obtain or retain benefits c. <input type="checkbox"/> Mandatory	
13. Annual reporting and recordkeeping hour burden: a. Number of respondents 10000 b. Total annual responses 10000 Percentage of these responses collected electronically 30% c. Total annual hours requested 4167 d. Current OMB inventory 0 e. Difference (+,-) +4167 f. Explanation of difference: 1. Program change: +4167 2. Adjustment:		14. Annual reporting and recordkeeping cost burden: (in thousands of dollars) Do not include costs based on the hours in item 13. a. Total annualized capital/startup costs b. Total annual costs (O&M) c. Total annualized cost requested d. Current OMB inventory e. Difference f. Explanation of difference: 1. Program change: 2. Adjustment:	
15. Purpose of Information collection: (mark primary with "P" and all others that apply with "X") a. <input type="checkbox"/> Application for benefits b. <input checked="" type="checkbox"/> Program evaluation c. <input type="checkbox"/> General purpose statistics d. <input type="checkbox"/> Audit e. <input type="checkbox"/> Program planning or management f. <input type="checkbox"/> Research g. <input type="checkbox"/> Regulatory or compliance		16. Frequency of recordkeeping or reporting: (check all that apply) a. <input type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure c. <input checked="" type="checkbox"/> Reporting: 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 type="checkbox"/> Annually 7. <input type="checkbox"/> Biennially 8. <input type="checkbox"/> Other (describe)	
17. Statistical methods: Does this information collection employ statistical methods? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		18. Agency contact: (person who can best answer questions regarding the content of this submission) Name: Todd Richardson Phone: 202-402-5706	

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:

X

Date:

Signature of Senior Officer or Designee:

X
Lillian Deitzer, Departmental Paperwork Reduction Act Officer,
Office of the Chief Information Officer

Date:

Supporting Statement for Paperwork Reduction Act Submissions

A. Justification

1. **Overtime** – why is this information necessary? Identify any legal or administrative requirements that necessitate the collection. Attach a copy of the appropriate section of each statute and regulation mandating/authorizing the collection of information.
2. **Overtime** – how is the information collected and how is the information to be used?
3. **Overtime** – Describe whether, and to what extent, the collection of information is automated (item 13b1 of OMB form 83-i). If it's not automated, explain why not. Also describe any other efforts to reduce burden.
4. **Overtime** – Is this information collected elsewhere? If so, why cannot any similar information already available be used or modified.
5. **Overtime** – Does the collection of information impact small businesses or other small entities (item 5 of OMB form 83-i)? Describe any methods used to minimize burden.
6. **Overtime** – Describe the consequence to Federal program or policy activities if the collection is not conducted or is conducted less frequently, as well as any technical or legal obstacles to reducing burden.
7. **Overtime** – Explain any special circumstances requiring:
 - respondents to report information more than quarterly;
 - a written response in fewer than 30;
 - more than an original and two copies of any document;
 - respondents to retain records other than health, medical, government contract, grant-in-aid, or tax records for more than three years;
 - a statistical survey not designed to produce results that can be generalized to the universe of study;
 - the use of a statistical data classification that has not been reviewed and approved by OMB;
 - a pledge of confidentiality that is not supported by authority established in statute or regulation, that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use; or
 - respondents to submit proprietary trade secret, or other confidential information.
8. **Overtime** – identify the date and page number of the *Federal Register* notice (and provide a copy) soliciting comments on the information. Summarize public comments and describe actions taken by the agency in response to these comments. Describe all efforts to consult with persons outside the agency to obtain their.
9. **Overtime** – Explain any payments or gifts to respondents, other than remuneration of contractors or grantees.
10. **Overtime** – Describe any assurance of confidentiality provided to respondents and the basis for assurance in statute, regulation or agency policy.
11. **Overtime** – justify any questions of a sensitive nature, such as sexual, religious beliefs, and other matters that are commonly considered private
12. **Overtime** – estimate public burden: number of respondents, frequency of response, annual hour burden. Read the complete instructions on the form 83i. Explain how the burden was estimated. Generally estimates should not include burden hours for customary and usual business practices. Provide a table to describe the elements of the burden. Break out each form used.
 - if this collection uses more than one form, provide separate estimates for each form and aggregate the hour burdens in item 13 of OMB Form 83i; and
 - provide estimates of annualized cost to respondents for the hour burdens for collections of information, identifying and using appropriate wage rate categories.

- The cost of contracting out or paying outside parties for information collection activities should not be included here. Instead this cost should be included in Item 13.
13. **Overtime** – Estimate of the annual cost to respondents or recordkeepers (do not include the cost of hour burden shown in Items 12 and 14). Read the complete instructions on the form 83i.
 14. **Overtime** –estimate annualized costs to the Federal government.
 15. **Overtime** – explain any program changes or adjustments reported in items 13 and 14 of the OMB Form 83i.
 16. **Overtime** – if the information will be published, outline plans for tabulation and publication.
 17. **Overtime** – explain any request to not display the expiration date.
 18. **Overtime** – Explain each exception to the certification statement identified in item 19.

B. Collections of Information Employing Statistical Methods