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.

Agency/Subagency Originating Request:	2. OMB Control Number:
U.S. Department of Housing and Urban Development	a. 2528 b. None
Office of Policy Development and Research	
Type of information collection: (check one) a. New Collection	4. Type of review requested: (check one) a. Regular
a. X New Collectionb. Revision of a currently approved collection	
c. Extension of a currently approved collection	b. Emergency - Approval requested by c. Delegated
d. Reinstatement, without change , of previously approved	
collection for which approval has expired	5. Small entities: Will this information collection have a significant economic impact on a substantial number of small entities?
e. Reinstatement, with change , of previously approved collecti	on Yes No
for which approval has expired f. Existing collection in use without an OMB control number	6. Requested expiration date:
For b-f, note item A2 of Supporting Statement instructions.	a. Three years from approval date b. Other (specify)
1 of b 1, note item A2 of Supporting Statement instructions.	(ips))
7. Title:	
Humidity Monitoring Survey	
8. Agency form number(s): (if applicable)	
None	
9. Keywords:	
Housing, Moisture, Modeling, Relative Humidity, Temperature,	Single-Family Homes
10. Abstract:	
The purpose of this survey is: (1) Collect moisture load data to support	t research to better understand the impact of indoor moisture on the durability of AE Standard 160P, that will minimize durability problems associated with high
	and exterior conditions on the indoor moisture level of a typical single family home.
11. Affected public: (mark primary with "P" and all others that apply with "X")	12. Obligation to respond: (mark primary with "P" and all others that apply with "X")
a. P Individuals or households e. Farms	a. P Voluntary
b. Business or other for-profit f. Federal Government	b. Required to obtain or retain benefits
c. Not-for-profit institutions g. State, Local or Tribal Governi	ment c. Mandatory
13. Annual reporting and recordkeeping hour burden:	14. Annual reporting and recordkeeping cost burden: (in thousands of dollars)
a. Number of respondents 70	Do not include costs based on the hours in item 13.
b. Total annual responses 210	a. Total annualized capital/startup costs 0
Percentage of these responses collected electronically 0	b. Total annual costs (O&M)
c. Total annual hours requested 420	c. Total annualized cost requested 0
d. Current OMB inventory 0	d. Current OMB inventory 0 e. Difference
e. Difference (+,-) +420 f. Explanation of difference:	f. Explanation of difference:
1. Program change: 420	1. Program change:
2. Adjustment:	2. Adjustment:
15. Purpose of Information collection: (mark primary with "P" and all others that a	pply 16. Frequency of recordkeeping or reporting: (check all that apply)
with "X")	a. Recordkeeping b. Third party disclosure
a. Application for benefits e. Program planning or managem	
b. Program evaluation f. P Research	1. On occasion 2. Weekly 3. Monthly
c. General purpose statistics g. Requiatory or compliance	4. Quarterly 5. Semi-annually 6. Annually 7. Biennually 8. Other (describe)
d. Audit	7. Definitionity o. Duriet (describe)
	Agency contact: (person who can best answer questions regarding the content of this
Does this information collection employ statistical methods? Yes No No Name: Mike Blanford	
☐ Yes ☒ No	Phone: 202-402-5728

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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) appears 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 Darlene F. Williams, Assistant Secretary for Policy Development and Research	

Signature of Senior Officer or Designee:	Date:
3	
v.	
X	
Lillian Deitzer, Departmental Reports Management Officer,	
Office of the Chief Information Officer	

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