

# 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>  <b>Office of Single Family-Program Support Division</b></p>		<p>2. OMB Control Number:                  a. <span style="margin-left: 100px;"><input type="checkbox"/> None</span>  <span style="margin-left: 100px;"><b>2502</b></span></p>																			
<p>3. Type of information collection: (check one)</p> <p>a. <input checked="" type="checkbox"/> New Collection</p> <p>b. <input type="checkbox"/> Revision of a currently approved collection</p> <p>c. <input 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>Housing Counseling Program – Application for Approval as a Housing Counseling Agency</b></p>																					
<p>8. Agency form number(s): (if applicable)  <b>HUD-9900</b></p>																					
<p>9. Keywords:  <b>Application for Approval as a Housing Counseling Agency</b></p>																					
<p>10. Abstract:  <b>National, regional, Multi-State intermediaries and Local public and private nonprofit agencies that provide housing counseling services directly or through their affiliates or branches regarding home buying, homeownership and rental housing programs submit an application for designation as a HUD-approved housing counseling agency. HUD uses the information to evaluate the agency and to populate Agency profile data in the Housing Counseling System (HCS) database. This data populates the HUD's website and automated 1-800 Hotline.</b></p>																					
<p>11. Affected public: (mark primary with "P" and all others that apply with "X")</p> <p>a. <input checked="" type="checkbox"/> Individuals or households    e. <input type="checkbox"/> Farms</p> <p>b. <input checked="" type="checkbox"/> Business or other for-profit    f. <input type="checkbox"/> Federal Government</p> <p>c. <input checked="" type="checkbox"/> Not-for-profit institutions    g. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Voluntary</p> <p>b. <input checked="" type="checkbox"/> Required to obtain or retain benefits</p> <p>c. <input type="checkbox"/> Mandatory</p>																			
<p>13. Annual reporting and recordkeeping hour burden:</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>a. Number of respondents</td><td style="text-align: right;">200</td></tr> <tr><td>b. Total annual responses</td><td style="text-align: right;">200</td></tr> <tr><td>    Percentage of these responses collected electronically</td><td style="text-align: right;">0</td></tr> <tr><td>c. Total annual hours requested</td><td style="text-align: right;">1,600</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;">+1,600</td></tr> <tr><td>f. Explanation of difference:</td><td></td></tr> <tr><td>    1. Program change:</td><td style="text-align: right;">+1,600</td></tr> <tr><td>    2. Adjustment:</td><td></td></tr> </table>		a. Number of respondents	200	b. Total annual responses	200	Percentage of these responses collected electronically	0	c. Total annual hours requested	1,600	d. Current OMB inventory	0	e. Difference (+,-)	+1,600	f. Explanation of difference:		1. Program change:	+1,600	2. Adjustment:		<p>14. Annual reporting and recordkeeping cost burden: (in thousands of dollars)                  Do not include costs based on the hours in item 13.</p> <p>a. Total annualized capital/startup costs</p> <p>b. Total annual costs (O&amp;M)</p> <p>c. Total annualized cost requested</p> <p>d. Current OMB inventory</p> <p>e. Difference</p> <p>f. Explanation of difference:</p> <p>    1. Program change:</p> <p>    2. Adjustment:</p>	
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<p>15. Purpose of Information collection: (mark primary with "P" and all others that apply with "X")</p> <p>a. <input checked="" type="checkbox"/> Application for benefits    e. <input checked="" type="checkbox"/> Program planning or management</p> <p>b. <input checked="" type="checkbox"/> Program evaluation    f. <input checked="" type="checkbox"/> Research</p> <p>c. <input checked="" type="checkbox"/> General purpose statistics    g. <input checked="" type="checkbox"/> Regulatory or compliance</p> <p>d. <input checked="" type="checkbox"/> Audit</p>		<p>16. Frequency of recordkeeping or reporting: (check all that apply)</p> <p>a. <input type="checkbox"/> Recordkeeping    b. <input type="checkbox"/> Third party disclosure</p> <p>c. <input checked="" type="checkbox"/> Reporting:</p> <table style="width: 100%; border-collapse: collapse;"> <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 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 type="checkbox"/> Annually	7. <input type="checkbox"/> Biennially	8. <input type="checkbox"/> Other (describe)										
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<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: <b>Virginia Simmons</b>                  Phone: <b>202-708-0317 ext. 2298</b></p>																			

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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.

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Signature of Program Official:  X Michael E. Winiarski, Deputy Director, Organizational Policy, Planning and Analysis Division, HROA	Date:
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Signature of Senior Officer or Designee:  X Lillian L. Deitzer, Departmental Reports Management Officer, Office of the Chief Information Officer	Date:
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# Supporting Statement for Paperwork Reduction Act Submissions

## Housing Counseling Program – Application for Approval as a Housing Counseling Agency

OMB No. \_\_\_ - \_\_\_\_

(HUD-9900)

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### A. Justification:

1. The Single Family Program Support Division is responsible for administration of the Department’s Housing Counseling Program, authorized by Section 106 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701w and 1701x). The Housing Counseling Program supports the delivery of a wide variety of housing counseling services to homebuyers, homeowners, low- to moderate-income renters, and the homeless. The primary objectives of the program are to expand homeownership opportunities and improve access to affordable housing. Counselors provide guidance and advice to help families and individuals improve their housing conditions and meet the responsibilities of tenancy and homeownership. Counselors also help borrowers avoid predatory lending practices, such as inflated appraisals, unreasonably high interest rates, unaffordable repayment terms, and other conditions that can result in a loss of equity, increased debt, default, and foreclosure. Pending Final Rule FR-4798-F-02 codifies accessibility requirements for approval.

Approximately 900 HUD-approved agencies provide housing counseling services nation-wide currently. HUD maintains a list of these agencies so that individuals in need of assistance can easily access the nearest HUD-approved housing counseling agency via HUD’s website or an automated 1-800 Hotline. HUD Form 9900, Application for Approval as a Housing Counseling Agency, is necessary to make sure that people who contact a HUD approved agency can have confidence they will receive quality service.

2. To participate in HUD’s Housing Counseling program, a housing counseling agency must first be approved by HUD. Approval entails meeting various requirements relating to experience and capacity, including nonprofit status, a minimum of one year of housing counseling experience in the target community, and sufficient resources to implement a housing counseling plan. Eligible organizations include community-based non-profit organizations, national and regional intermediaries, and state housing finance agencies. The application for approval for HUD-9900 is found at <http://www.hud.gov/offices/hsg/sfh/hcc/hccprof13.cfm> .

Approval entails meeting various requirements relating to experience and capacity, including nonprofit status, a minimum of one year of housing counseling experience in the target community, and sufficient resources to implement a housing counseling plan. HUD uses form 9900 to evaluate whether applying organizations meet minimum requirements to participate in the Housing Counseling program.

HUD uses this information to populate Agency profile data in the Housing Counseling System (HCS) database. This data populates the HUD’s website and automated 1-800 Hotline.

3. The collection of information is not automated. HUD plans to automate the approval application process when funds become available.
4. Form HUD-9900, Application for Approval as a Housing Counseling Agency is the first contact a Housing Counseling agency has with HUD, so no “similar information” is already available and no duplication occurs.
5. The information collection is the same for all entities, regardless of size. The Information requested represents the minimum necessary to make an effective evaluation.

6. Failure to collect the information described in this submission would prevent HUD from screening potential housing counseling agencies through which HUD depends solely to provide critical housing counseling services to clients. The collection is needed to ensure applicants meet particular eligibility criteria and possess the capability to deliver effective and efficient services. This is critical since HUD refers individuals and households in need of assistance to these HUD approved counseling agencies. If the collection is not conducted HUD would not approve any new agencies as part of the program.
7. There are no special circumstances involved in this collection.
8. In accordance with the regulations at 5 CFR 1320.8(d), HUD published a *Federal Register* notice seeking public comments on the information collection prior to submission to OMB. The notice was published on (August 23, 2007, Vol. 72, No. 163/page 48291). No comments were received.

HUD has used a similar version of form 9900 for many years. The form has been revised in part based on feedback and comments from the users and HUD staff.

9. There are no payments to respondents.
10. The Application for Approval as a Housing Counseling Agency Form HUD-9900 is subject to the Privacy Act, which requires the records to be maintained with appropriate administrative, technical and physical safeguards to ensure their security and confidentiality.
11. There are no questions of a sensitive nature.

12. Estimate of public burden:

Information Collection	Number of Respondents	Responses per Year	Total Annual Responses	Hours per Response	Total Hours	Hourly Cost	Annual Cost
<b>Application to become a HUD-approved agency</b>							
HUD-9900	200	1	200	8.00	1,600	\$20*	\$32,000

This hourly cost, applied when the burden cost relates to a housing counseling agency, is an average hourly salary of housing counseling agency employees.

13. There are no additional costs to respondents.

14. Costs to the Federal Government

Information Collection	Number of Responses	Hours per Response	Total Hours	Average Pay per Hr	Annual Cost
<b>Form 9900</b>					
Review of applications, Form HUD-9900	200	8	1600	\$33*	\$52,800

\*Salary cost for Federal Employees is based on an average of GS-12.

15. This is a request for a new information collection. Form HUD-9900 and the associated burden for application to become a HUD-approved housing counseling agency currently is approved under OMB Control No. 2502-0261. HUD requests separation of the approval process from 2502-0261, which also includes NOFA application requirements, reporting, and performance reviews, to simplify its own recordkeeping and clarify for the public that application for approval is separate from application for NOFA grants. The numbers of respondents, responses, and associated burden hours for the application to become a HUD-approved housing counseling agency have not changed since OMB approved 2502-0261 on February 6, 2006. HUD will submit a request to reduce the burden for 2502-0261 upon approval of this information collection request.
16. HUD maintains a web site and automated 1-800 hotline listing all Housing Counseling agencies.
17. HUD is not seeking approval to avoid displaying the OMB expiration date.
18. There is no exception to Item # 19 "Certification of Paperwork Reduction Act Submission."

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

The collection of information does not employ statistical methods.