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 Affordable Housing Programs	2. OMB Control Number: a. 2506 b. None
 Type of information collection: (check one) X New Collection Revision of a currently approved collection Extension of a currently approved collection Reinstatement, without change, of previously approved collection for which approval has expired Reinstatement, with change, of previously approved collection for which approval has expired Existing collection in use without an OMB control number For b-f, note item A2 of Supporting Statement instructions. 	 Type of review requested: (check one) a. Regular b. X Emergency - Approval requested by 5/12/2008 c. Delegated 5. Small entities: Will this information collection have a significant economic impact on a substantial number of small entities? Yes X No 6. Requested expiration date: b. a. Three years form approval date b. Other (specify) 6 months from approval date

7. Title:

Competitive Reallocation of Funds for the HOME Program

8. Agency form number(s): (if applicable)

HUD-424, HUD-2880, HUD-2993.

9. Keywords: Housing, Community Development, and Competitive Reallocation of CHDO Funds

10. Abstract: The information sought will be used to competitively reallocate deobligated HOME CHDO set-aside funds in order to expand the supply of energy efficient and environmentally-friendly (Green) housing that is affordable to low-income families, using design and technology models that can be replicated.

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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. Individuals or households e. Farms	
b. Business or other for-profit f. Federal Government	a. Voluntary
c. Not-for-profit institutions g P State, Local or Tribal Go	vernment b. P Required to obtain or retain benefits
	c. Mandatory
13. Annual reporting and recordkeeping hour burden:	14. Annual reporting and recordkeeping cost burden: (in thousands of dollars)
a. Number of respondents	65 a. Total annualized capital/startup costs \$0.00
b. Total annual responses	b. Total annual costs (O&M) \$0.00
Percentage of these responses collected electronically	0% c. Total annualized cost requested \$0.00
c. Total annual hours requested 2,6	00 d. Total annual cost requested \$0.00
d. Current OMB inventory	0 e. Current OMB inventory \$0.00
e. Difference (+,-) +2,6	00 f. Explanation of difference: \$0.00
Explanation of difference:	1. Program change: \$0.00
1. Program change: 2,6	00 2. Adjustment: \$0.00
2. Adjustment:	
•	
15. Purpose of Information collection: (mark primary with "P" and all others that	
with "X") a. P Application for benefits e. Program planning or mana	a Recordkeeping b. Third party disclosure
	1. On occasion 2. Weekly 3. Monthly
c. General purpose statistics g. Regulatory or compliance d. Audit	4. Quarterly 5. Semi-annually 6. Annually
u. Auun	7. Biannually 8. X Other (describe) One Time
17. Statistical methods:	
	18. Agency contact: (person who can best answer questions regarding the content of this submission)
Does this information collection employ statistical methods?	
Yes X No	Name: Peter Huber
	Phone: (202) 402-3941

19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal Agency, 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 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	
Clifford Taffet, Director, Office of Affordable Housing Programs	
Signature of Senior Officer or Designee:	Date:
X	
Lillian Deitzer, Departmental Reports Management Officer	
Office of Investment Strategies, Policy, and Management, Office of the Chief Information Officer	