

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: U.S. Department of Housing and Urban Development Office of Single Family-Program Support Division</p>	<p>2. OMB Control Number: a. 2502-New b. <input type="checkbox"/> None</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, without change, of previously approved collection for which approval has expired</p> <p>e. <input type="checkbox"/> Reinstatement, with change, 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: HECM Counseling Client Survey</p>																																			
<p>8. Agency form number(s): (if applicable) HUD-92911</p>																																			
<p>9. Keywords: Home Equity Conversion Mortgage, HECM, housing counseling,</p>																																			
<p>10. Abstract: The HECM Counseling Client Survey is used by HUD to obtain information directly from counseling recipients. This form is sent to the clients of a counseling agency as part of HUD's performance review of the agency.</p>																																			
<p>11. Affected public: (mark primary with "P" and all others that apply with "X")</p> <p>a. P Individuals or households e. Farms</p> <p>b. Business or other for-profit f. Federal Government</p> <p>c. X Not-for-profit institutions g. X 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. X Voluntary</p> <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: none;"> <tr> <td style="width: 80%;">a. Number of respondents</td> <td style="text-align: right;">500</td> </tr> <tr> <td>b. Total annual responses</td> <td style="text-align: right;">500</td> </tr> <tr> <td> Percentage of these responses collected electronically</td> <td style="text-align: right;">5%</td> </tr> <tr> <td>c. Total annual hours requested</td> <td style="text-align: right;">84</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;">+84</td> </tr> <tr> <td colspan="2">f. Explanation of difference:</td> </tr> <tr> <td> 1. Program change:</td> <td style="text-align: right;">0</td> </tr> <tr> <td> 2. Adjustment:</td> <td></td> </tr> </table>	a. Number of respondents	500	b. Total annual responses	500	Percentage of these responses collected electronically	5%	c. Total annual hours requested	84	d. Current OMB inventory	0	e. Difference (+,-)	+84	f. Explanation of difference:		1. Program change:	0	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> <table style="width: 100%; border: none;"> <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&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 style="text-align: right;">0</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:	0	2. Adjustment:	
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<p>15. Purpose of Information collection: (mark primary with "P" and all others that apply with "X")</p> <p>a. Application for benefits e. X Program planning or management</p> <p>b. P Program evaluation f. X Research</p> <p>c. X General purpose statistics g. X Regulatory or compliance</p> <p>d. Audit</p>	<p>16. Frequency of recordkeeping or reporting: (check all that apply)</p> <p>a. <input type="checkbox"/> Recordkeeping b. X Third party disclosure</p> <p>c. Reporting:</p> <table style="width: 100%; border: none;"> <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 checked="" type="checkbox"/> Other (describe) Onetime Submissions</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 checked="" type="checkbox"/> Other (describe) Onetime Submissions																										
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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: Betsy Cromwell Phone: 202-402-4465</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) 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: X Mike Winiarski, Deputy Director, Organizational Policy, Planning and Analysis Division, HROA	Date:
Signature of Senior Officer or Designee: X Lillian Deitzer, Departmental Reports Management Officer	Date:

Supporting Statement for Paperwork Reduction Act Submissions

Housing Counseling Program – Home Equity Conversion Mortgage Counseling Client Survey OMB No. 2502 - New (HUD-92903)

A. Justification:

1. Overview of Home Equity Conversion Mortgage Counseling Program

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). A final Housing Counseling rule was published in the Federal Register at 72 FR 55638 and codified at 24 CFR Part 214. Among other types of housing counseling, the Housing Counseling Program supports the delivery of counseling for the Home Equity Conversion Mortgages to consumers who are at least 62 years old. This counseling provides information to the consumer regarding reverse mortgages and the suitability of a reverse mortgage for their unique situation.

As a condition of eligibility to receive a Home Equity Conversion Mortgage, consumers must participate in reverse mortgage counseling. As part of the housing counseling program evaluation, performance reviews are conducted at the HUD-approved counseling agencies by HUD staff. HUD staff mails the HECM client survey to consumers who have recently received counseling. This survey is completed by the consumer and mailed back to HUD. It provides valuable feedback to HUD regarding the customer service and the counseling quality provided by the HECM counseling agency being reviewed.

2. Information Submission

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3. Automation

The collection of information will be automated in those instances when an e-mail address is available for the client. HUD will e-mail the survey to the client with a return e-mail address, along with a mailing address.

4. Duplication of Information

The HECM Counseling Client Survey is the only information collected regarding the quality of the counseling and customer service provided by the housing counseling agency. There is no duplication of information.

5. Effects on Small Entities

The information collection is the same for all entities, regardless of size. The Information requested is used to evaluate the HECM counseling program provided by housing counseling being reviewed.

6. Failure to Collect Information

Failure to collect the information described in this submission would prevent FHA from obtaining valuable information from consumers regarding their HECM counseling experience. FHA utilizes this information to make changes in policies and procedures where applicable.

7. Special Circumstances

No special circumstances exist.

8. Solicit Public Comments

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 October 2, 2008, (Vol. 73, No. 192 page 57379). No comments were received.

9. There are no payments to respondents.

10. No assurance of confidentiality is provided. The HECM Counseling Client Survey is not subject to the Privacy Act since there is no personal information requested from the respondents.

11. Sensitive Information

There are no questions of a sensitive nature.

12. Annual Reporting Burden

First Time Home Buyer (FHBs) Applications						
Form	Number of Respondents	Frequency of Responses	Hours of Response	Burden of Hours	Hourly Rate	Total Cost
HUD-92911	500	1	.06	84	\$12	\$1,008

The 500 respondents represent the number of consumers receiving HECM counseling who are likely to respond to the survey.

The following table provides an estimate of response burden.

13. There are no additional costs to respondents.

14. Costs to the Federal Government

There is no cost to the Federal Government.

15. This is a new collection

16. HUD will not publish the results of this information collection.

17. HUD is not seeking approval to avoid displaying the OMB expiration date.
18. There are no exceptions to the certification statement identified in Item # 19.

B. Collections of Information Employing Statistical Methods.

The collection of information does not employ statistical methods.