

**PAPERWORK REDUCTION ACT
CHANGE WORKSHEET**

| | | |
|--|-----------------------|---|
| Agency/Subagency U.S. Department of Housing and Urban Development Office of Housing, Office of Multifamily Housing Development | | OMB Control Number 2502-0518 |
| <i>Enter only items that change</i> | | |
| | Current record | New record |
| Agency form number(s) HUD-92013-HOSP, HUD-93305-M-H | | |
| Annual reporting and recordkeeping hour burden | | |
| Number of respondents | 18 | 50 |
| Total annual responses | 36 | 100 |
| Percent of these responses collected electronically | 0 | 0 |
| Total annual hours | 17,566 | 48,794 |
| Difference | | |
| Explanation of difference | | |
| Program change | | +31,228 |
| Adjustment | | |
| Annual reporting and recordkeeping cost burden (in thousands of dollars) | | |
| Total annualized Capital/Startup costs | | |
| Total annual costs (O&M) | | |
| Total annualized cost requested | | |
| Difference | | |
| Explanation of difference | | |
| Program change | | |
| Adjustment | | |
| <p>Other changes: The current downturn in the economy, which has reduced the availability of private financing, has not only adversely affected the housing industry but has had a serious impact on hospitals across the nation. At a time when the demand for health care services are on the rise, the lack of access to capital has made it difficult for hospitals to obtain financing for facility, equipment, and technology needs, as well as meet obligations on existing debt. By expanding FHA's Hospital Mortgage Insurance Program to allow for refinancing of existing debt without conditioning such refinancing on new construction or renovation, HUD believes it can contribute to alleviating financial stress on hospitals, and maintaining the availability of hospitals in many communities. HUD estimates that 32 additional respondents with their associated two responses per annum would submit information on the above referenced forms if provided the opportunity under the Section 223(f) program.</p> | | |
| Signature of Senior Official or designee: | Date: | For OIRA Use _____ _____ |

**This form cannot be used to extend an expiration date.
OMB FORM 83-C