

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.

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| <p>1. Agency/Subagency Originating Request: U.S. Department of Housing and Urban Development Overtyp e this text with the name of your office</p> | <p>2. OMB Control Number: a. 2528 b. 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 type="checkbox"/> No</p> <p>6. Requested expiration date: a. <input type="checkbox"/> Three years from approval date b. <input type="checkbox"/> Other (specify)</p> |
| <p>7. Title: Impact of Housing and Services Interventions for Homeless Families</p> | |
| <p>8. Agency form number(s): (if applicable) None</p> | |
| <p>9. Keywords: Homelessness, Housing</p> | |
| <p>10. Abstract: The purpose of this study is to test experimentally the effects of various housing and service interventions on homeless families, including subsequent housing stability and adult and child well-being.</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. Not-for-profit institutions g. 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. P Voluntary</p> <p>b. Required to obtain or retain benefits</p> <p>c. Mandatory</p> |
| <p>13. Annual reporting and recordkeeping hour burden:</p> <p>a. Number of respondents 3,300</p> <p>b. Total annual responses 3,300</p> <p> Percentage of these responses collected electronically</p> <p>c. Total annual hours requested 3,900</p> <p>d. Current OMB inventory 0</p> <p>e. Difference (+,-) 3,900</p> <p>f. Explanation of difference:</p> <p> 1. Program change: 3,900</p> <p> 2. Adjustment:</p> | <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&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> |
| <p>15. Purpose of Information collection: (mark primary with "P" and all others that apply with "X")</p> <p>a. Application for benefits e. <input checked="" type="checkbox"/> Program planning or management</p> <p>b. <input checked="" type="checkbox"/> Program evaluation f. P Research</p> <p>c. General purpose statistics g. 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. <input type="checkbox"/> Third party disclosure</p> <p>c. <input type="checkbox"/> Reporting:</p> <p> 1. <input type="checkbox"/> On occasion 2. <input type="checkbox"/> Weekly 3. <input type="checkbox"/> Monthly</p> <p> 4. <input type="checkbox"/> Quarterly 5. <input type="checkbox"/> Semi-annually 6. <input type="checkbox"/> Annually</p> <p> 7. <input type="checkbox"/> Biennially 8. <input checked="" type="checkbox"/> Other (describe) Once</p> |
| <p>17. Statistical methods: Does this information collection employ statistical methods? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>18. Agency contact: (person who can best answer questions regarding the content of this submission) Name: Paul B. Dornan Phone: 202.402.4486</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:

Date:

X Raphael W. Bostic, Assistant Secretary for Policy Development and Research

Signature of Senior Officer or Designee:

Date:

X
Lillian Deitzer, Departmental Reports Management Officer,
Office of the Chief Information Officer