PAPERWORK REDUCTION ACT SUBMISSION Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance 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 17th Street NW, Washington, DC 20503. 1. AGENCY/SUBAGENCY ORIGINATING REQUEST 2. OMB CONTROL NUMBER Office of Navajo and Hopi Indian Relocation 201 East Birch Ave., Suite 11, Flagstaff, AZ 86001 b. NONE TYPE OF REVIEW REQUESTED (X one) 3. TYPE OF INFORMATION COLLECTION (X one) (For b. , f., note Item A2 of Supporting Statement instructions) X a. REGULAR SUBMISSION a. NEW COLLECTION b. EMERGENCY - APPROVAL REQUESTED BY: b. REVISION OF A CURRENTLY APPROVED COLLECTION c. DELEGATED c. EXTENSION OF A CURRENTLY APPROVED COLLECTION 5. SMALL ENTITIES Will this information collection have a significant economic d. REINSTATEMENT, WITHOUT CHANGE, OF A PREVIOUSLY impact on a substantial number of small entities? APPROVED COLLECTION FOR WHICH APPROVAL HAS EXPIRED X NO e. REINSTATEMENT, WITH CHANGE, OF A PREVIOUSLY REQUESTED EXPIRATION DATE APPROVED COLLECTION FOR WHICH APPROVAL HAS EXPIRED a. THREE YEARS FROM APPROVAL DATE f. EXISTING COLLECTION IN USE WITHOUT AN OMB CONTROL Х b. OTHER: 180 days from approval date NUMBER 7. TITLE Application for Relocation Benefits 8. AGENCY FORM NUMBER(S) (if applicable) MM 1110.9 and MM 1110.10 9. KEYWORDS N/A 10. ABSTRACT The Office of Navajo and Hopi Indian Relocation (ONHIR) uses the information collected from Navajo and Hopi individuals and households who have prepared and submitted completed applications for relocation benefits to determine their eligibility to receive such benefits under the Navajo-Hopi Settlement Act of 1974, as amended. 11. AFFECTED PUBLIC (Mark primary with "P" and all others that apply with "X") 12. OBLIGATION TO RESPOND (X one) X a. INDIVIDUALS OR HOUSEHOLDS d. FARMS a. VOLUNTARY b. BUSINESS OR OTHER FOR-PROFIT e. FEDERAL GOVERNMENT b. REQUIRED TO OBTAIN OR RETAIN BENEFITS c. NOT-FOR-PROFIT INSTITUTIONS f. STATE, LOCAL OR TRIBAL GOVERNMENT c. MANDATORY 13. ANNUAL REPORTING AND RECORDKEEPING HOUR BURDEN 14. ANNUALIZED COST TO RESPONDENTS (In thousands of dollars) a. NUMBER OF RESPONDENTS 500 0.00 a. TOTAL CAPITAL/STARTUP COSTS 500 b. TOTAL ANNUAL RESPONSES 0.00 b. TOTAL ANNUAL COSTS (O&M) 0.00 % c. TOTAL ANNUALIZED COST REQUESTED 0.00 (1) Percentage of these responses collected electronically c. TOTAL ANNUAL HOURS REQUESTED 250 d. CURRENT OMB INVENTORY 0 d. CURRENT OMB INVENTORY 0 0 e. DIFFERENCE (+, -) e. DIFFERENCE (+, -) 250 f. EXPLANATION OF DIFFERENCE: (1) Program change (+.) **EXPLANATION OF** +2500.00 (1) Program change (+, -) DIFFERENCE (2) Adustment (+, -) (2) Adustment (+, -) 0.00 15. PURPOSE OF INFORMATION COLLECTION (Mark primary with 16. FREQUENCY OF RECORDKEEPING OR REPORTING (x all that apply) P" and all others that apply with "X") a. RECORDKEEPING b. THIRD PARTY DISCLOSURE a. APPLICATION FOR BENEFITS c. REPORTING: e. PROGRAM PLANNING X OR MANAGEMENT (3) Monthly b. PROGRAM EVALUATION (1) On Occasion (2) Weekly c. GENERAL PURPOSE STATISTICS f. RESEARCH (5) Semi-Annualty (6) Annualty (4) Quarterly g. REGULATORY OR COMPLIANCE d. AUDIT (7) Biennialty (8) Other (Describe) (One-time) 18. AGENCY CONTACT (Person who can best answer questions regarding the content of this 17. STATISTICAL METHODS Does this information collection employ submission) statistical methods? b. TELEPHONE NUMBER (Include a. NAME (Last, First, Middle Initial) Lawrence A. Ruzow, Attorney, ONHIR NO (928) 779-2721

OME	CONTROL NUMBER	Application for Relocation Benefits	
19.	CERTIFICATION FOR PAPERWORK REDUCTION ACT SUBMISSIONS		
	PROGRAM OFFICIAL CERTIFICATION		
(1)	Signature /// A	•	(2) Date
	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 the related provisions of 5 CFR 1320.8(b)(3), appear at the end of th 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 collection 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 language 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) about:		
	(i) Why the information is being collected;		
	(ii) Use of 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 be collected (see note in Item 19 of the instructions);		
	(i) If applicable, 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.		
b. SENIOR OFFICIAL OR DESIGNEE CERTIFICATION			
(1) Signature (2) Date / 1/25/2010			
OMB FORM 83-I (BACK), 10/95			