

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 Housing Assistance and Grants Administration	2. OMB Control Number: a. 2502-XXXX b. None
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3. Type of information collection: (check one) a. <input checked="" type="checkbox"/> New Collection b. <input type="checkbox"/> Revision of a currently approved collection c. <input type="checkbox"/> Extension of a currently approved collection d. <input type="checkbox"/> Reinstatement, without change , of previously approved collection for which approval has expired e. <input type="checkbox"/> Reinstatement, with change , of previously approved collection for which approval has expired f. <input type="checkbox"/> Existing collection in use without an OMB control number For b-f, note item A2 of Supporting Statement instructions.	4. Type of review requested: (check one) a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Emergency - Approval requested by c. <input type="checkbox"/> Delegated 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 6. Requested expiration date: a. <input checked="" type="checkbox"/> Three years from approval date b. <input type="checkbox"/> Other (specify)
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7. Title:
Delegated Processing for certain 202 Supportive Housing for the Elderly projects

8. Agency form number(s): (if applicable)
 Schedule of Projects HUD-90000, Delegated Processing Agreement HUD-90001, and Delegated Processing Certifications HUD-90002.

9. Keywords:
 Housing, Mortgages, Mortgagors

10. Abstract:
 Under the Delegated Processing Procedure, a Delegated Processing Agency (DPA) is vested with the processing authority provided by section 2835(b) of the Housing and Economic Recovery Act of 2008, P.L. 110-289. The DPA must act under this authority in accordance with applicable NOFA and program regulations, notices, handbooks, forms and other directives. These forms formally establish this relationship between HUD and the DPA.

11. Affected public: (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 c. Not-for-profit institutions g. P State, Local or Tribal Government	12. Obligation to respond: (mark primary with "P" and all others that apply with "X") a. P Voluntary b. Required to obtain or retain benefits c. Mandatory
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13. Annual reporting and recordkeeping hour burden: <table style="width: 100%; border-collapse: collapse;"> <tr><td>a. Number of respondents</td><td style="text-align: right;">15</td></tr> <tr><td>b. Total annual responses</td><td style="text-align: right;">35</td></tr> <tr><td> Percentage of these responses collected electronically</td><td style="text-align: right;">0%</td></tr> <tr><td>c. Total annual hours requested</td><td style="text-align: right;">50</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;">+50</td></tr> <tr><td>f. Explanation of difference:</td><td></td></tr> <tr><td> 1. Program change:</td><td style="text-align: right;">+50</td></tr> <tr><td> 2. Adjustment:</td><td></td></tr> </table>	a. Number of respondents	15	b. Total annual responses	35	Percentage of these responses collected electronically	0%	c. Total annual hours requested	50	d. Current OMB inventory	0	e. Difference (+,-)	+50	f. Explanation of difference:		1. Program change:	+50	2. Adjustment:		14. Annual reporting and recordkeeping cost burden: (in thousands of dollars) Do not include costs based on the hours in item 13. <table style="width: 100%; border-collapse: collapse;"> <tr><td>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. Total annual cost requested</td><td style="text-align: right;">\$0</td></tr> <tr><td>e. Current OMB inventory</td><td style="text-align: right;">\$0</td></tr> <tr><td>f. Explanation of difference:</td><td></td></tr> <tr><td> 1. Program change:</td><td></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. Total annual cost requested	\$0	e. Current OMB inventory	\$0	f. Explanation of difference:		1. Program change:		2. Adjustment:	
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15. Purpose of Information collection: (mark primary with "P" and all others that apply with "X") a. P Application for benefits e. Program planning or management b. Program evaluation f. Research c. General purpose statistics g. Regulatory or compliance d. Audit	16. Frequency of recordkeeping or reporting: (check all that apply) a. <input checked="" type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure c. <input type="checkbox"/> Reporting: 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 type="checkbox"/> Other (describe)
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17. Statistical methods: Does this information collection employ statistical methods? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	18. Agency contact: (person who can best answer questions regarding the content of this submission) Name: Stan Houle Phone: (202) 402-2572
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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 Dennis O'Neill, Deputy Director, Office of Policy Planning and Analysis Div., HROA	Date:
Signature of Senior Officer or Designee: X Leroy McKinney Jr., Departmental Reports Management Officer	Date:

Supporting Statement for Paperwork Reduction Act Submissions

Delegated Processing for Certain Section 202 Projects OMB Control Number 2502-XXXX

(HUD-90000, HUD-90001, and HUD-90002)

A. Justification

1. Section 2835(b) of the Housing and Economic Recovery Act of 2008 directs the Department to delegate review and processing of certain Section 202 Supportive Housing for the Elderly projects to selected State or local housing agencies. The Delegated Processing Agreement establishes the relationship between the Department and a Delegated Processing Agency (DPA) and details the duties and compensation of the DPA. The Certifications form provides the Department with assurances that the review of the application was in accordance with HUD requirements. The Schedule of Projects form provides the DPA with information necessary to determine if they wish to process the project and upon signature commits them to such processing.
2. Staff of the Office of Housing Assistance and Grant Administration, Multifamily Housing Office will use the information to determine if a housing finance agency wishes to participate in the program, and obtain certifications that the review of the application was in accord with HUD requirements.
3. The Department is not currently considering electronic submission of these forms.
4. This is a new program where the Department will use state and local housing finance agencies in a new role as underwriters of projects.
5. Small businesses or other small entities will not be participating in the delegated processing program.
6. The collection of information occurs only once for each multifamily housing project. The Department could not comply with the provisions of the law and Federal regulations if the collection were eliminated.
7. There are no special circumstances that apply to this information collection.
8. In accordance with 5 CFR 1320.8(d), this information collection soliciting public comments was announced in the *Federal Register* on November 9, 2009 (Volume 74, Number 215 Page 57695-57696). No comments received.

HUD maintains close liaison with the National Council of State Housing Finance Agencies (NCSHA) and has discussed the delegated processing program with the Colorado housing Finance Agency and the New York City Department of Housing Preservation and Development. Staff contacted three potential Delegated Processing Agencies; the North Carolina Housing Finance Agency, Mark Shelburne; the Vermont Housing Finance Agency, Cindy Reid; and MassHousing, David Keene. Each responded to questions on the potential volume of activity they anticipated as a result of this program.

9. No gifts or payments, other than remuneration to contractors, are provided to respondents.
10. Forms HUD-90000, HUD-90001, and HUD-90002 are for the Department's use only and respondents are assured that the material is held in confidentiality unless a release order is issued under the Freedom of Information Act.
11. No questions of a sensitive nature apply.

12. Estimates of the respondents burden and costs:

Information Collection	Number of Respondents	Frequency of Response	Responses Per Annum	Burden Hour Per Response	Annual Burden Hours	Hourly Cost Per Response	Annual Cost
HUD-90000	5	3	15	1	15	\$50.00	\$750
HUD-90001	5	1	5	4	20	\$50.00	\$1,000
HUD-90002	5	3	15	1	15	\$50.00	\$750
Totals	15		35		50		\$2,500

Schedule of Projects (Form HUD-90000):

It is estimated that there will be approximately 5 respondents who will submit form HUD-90000 once for each of the projects to be processed by the Delegated Processing Agency. This estimate is based on contacts with housing finance agencies that have expressed an interest in the Delegated Processing program. This resulted in an annual response of 15.

Delegated Processing Agreement (Form HUD-90001):

The estimated number of respondents is 5. This is based contact with contacts with housing finance agencies that have expressed an interest in the Delegated Processing program. This document would be submitted once as this establishes the relationship between the Department and the Delegated Processing Agency and can be renewed by mutual agreement.

Delegated Processing Certifications (Form HUD-90002):

The estimated number of respondents is 5 respondents who will submit form HUD-90002 once for each of the projects to be processed by the Delegated Processing Agency. This estimate is based on contacts with housing finance agencies that have expressed an interest in the Delegated Processing program. This resulted in an annual response of 15.

13. There are no additional costs associated with this collection of information.

14. **Cost to the Federal Government** is based on an hourly rate of \$35.03 based on the 2009 hourly rate for a GS-12 Step One employee. There are no operational expenses.

Information Collection	Number of Responses	Frequency of Response	Responses Per Annum	Burden Hour Per Response	Annual Burden Hours	Hourly Cost Per Response	Annual Cost
HUD-90000	5	3	15	4	60	\$35.00	\$2,100
HUD-90001	5	1	5	2	10	\$35.00	\$350
HUD-90002	5	3	15	1	15	\$35.00	\$525
Totals	15		35		85		\$2,975

15. This is a new collection. It is required in order to implement provisions of Section 2835(b) of the Housing and Economic Recovery Act of 2008 regarding delegated processing of Section 202 capital advances.

16. The results of this collection will not be published.

17. The OMB expiration dates will be displayed on the appropriate forms.

18. There are no exceptions to the Certification Statement identified in item 19 of the OMB 83-I.

B. Collection of Information Employing Statistical Methods.

This collection of information does not employ statistical methods.