

# Paperwork Reduction Act Change Worksheet

Agency/Subagency: <b>U.S. Department of Housing and Urban Development</b> Office of Public and Indian Housing	OMB Control Number: <b>2577-0178</b>
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Enter only items that change	Current Record	New Record**
Agency form number(s): HUD-52651, Housing Choice Voucher (HCV) Family Self Sufficiency (FSS) Program Coordinator Funding		
<b>Annual reporting and keeping hour burden</b>		
Number of respondents		
Total annual responses		
Percent of these responses collected electronically	%	%
Total annual hours		
Difference		
Explanation of difference Program change Adjustment		
<b>Annual reporting and recordkeeping cost burden</b> (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		

Other change: \*\*

Change title of form from "HUD-52651, Housing Choice Voucher (HCV) Family Self Sufficiency (FSS) Program Coordinator Funding" to "HUD-52651, Housing Choice Voucher (HCV)/Public Housing (PH) Family Self Sufficiency (FSS) Program Coordinator Funding"

Add new question, II.D: Total number of families under FSS contract during the NOFA target period: \_\_\_\_\_.

Note: PHAs are already required to track the number of families participating in the HCV FSS program.

Signature of Senior Official or Designee:   X Colette Pollard, Departmental Reports Management Officer, OCIO	Date:	<b>For OIRA Use</b>
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\*\* This form cannot be used to extend an expiration date.

