Paperwork Reduction Act Change Worksheet

gency/Subagency: U.S. Department of Housing and Urban Development		OMB Control Number: 2577-0178	
Office of Public and Indian Housing			
Enter only items that change	Current Record	New Record**	
Agency form number(s):			
Family Self-Sufficiency (FSS)		Changes are recorded	
Program Coordinator Funding		below	
Form HUD-52651			
Annual reporting and keeping hour burden			
Number of respondents			
Total annual responses			
Percent of these responses collected electronically	%	%	
Total annual hours			
Difference			
Explanation of difference No change Program change 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 No change Program change Adjustment			
Other change: ** 1 Public Reporting Statement: changes the regulatory reference for	rom 24 CED 002	202(b) to 24 CED 094 202	

- orting Statement: changes the regulatory reference from 24 CFR 982.302(b) to 24 CFR 984.302.
- 2. Part I: the following items have been removed: "applicant category", "type of FSS program", "MTW agency", "DUNS number", and "funding request for FY."
- 3. Part I: Section A becomes Section B.
- 4. Part I: section C. (formerly section B.), the following items have been removed: "address", "city", "county", "state", "zip code."
- 5. Part I: sections on salary comparability and contact information (formerly sections C. and D.) have been removed.
- 6. Part II.A: the following columns have been removed: "FY last funded", "salary amount last funded," and "is applicant's request above percentage..."
- 7. Part II: the following note is removed: "salary awards will not exceed the cap per position stated in the most recent NOFA."
- 8. Part III: the following note is removed: "salary awards will not exceed the cap per position stated in the most recent NOFA."
- 9. Instructions Page: adds statement A.

Signature of Senior Official or Designee:	Date:	For OIRA Use
X Colette Pollard, Departmental Reports Management Officer, OCIO		

OMB 83-C 10/95

^{**} This form cannot be used to extend an expiration date.

11. Instructions Page: removes the first two statements for Part II.A "previously funded positions."			
These changes won't have an impact on the burden hours for this information collection.			
Signature of Senior Official or Designee:	Date:	For OIRA Use	
X Colette Pollard, Departmental Reports Management Officer, OCIO ** This form cannot be used to extend an expiration date.			
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10. Instructions Page: removes instructions for Part I "funding requested for fiscal year."

OMB 83-C 10/95

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