

**PAPERWORK REDUCTION ACT  
CHANGE WORKSHEET**

Agency/subagency  DHS-USCIS	OMB Control Number  _____ 1615 _____ . 0052 _____
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*Enter only items that change*

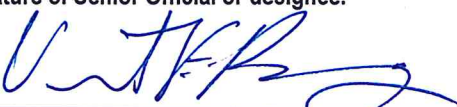
	<b>Current record</b>	<b>New record</b>
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Agency form number (s) N-400		
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Annual reporting and recordkeeping hour burden		
Number of respondents		
Total annual responses		
Percent of these responses collected electronically	%	%
Total annual hours		
Difference		
Explanation of difference		
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		
Program change Adjustment		

**Other changes\*\***  
To update the information collection tools with the electronic submission process.

Signature of Senior Official or designee: 	Date:  05/26/2016	For OIRA Use  _____ _____
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\*\* This form cannot be used to extend an expiration date.