

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 Department of Commerce/Census Bureau/ Associate Directorate of Demographic Programs		2. OMB CONTROL NUMBER a. <u>0607</u> - <u>0179</u> <input type="checkbox"/> b. NONE <input type="checkbox"/>																																			
3. TYPE OF INFORMATION COLLECTION (X one) <input type="checkbox"/> a. NEW COLLECTION <input type="checkbox"/> b. REVISION OF A CURRENTLY APPROVED COLLECTION <input checked="" type="checkbox"/> c. EXTENSION OF A CURRENTLY APPROVED COLLECTION <input type="checkbox"/> d. REINSTATEMENT, WITHOUT CHANGE, OF A PREVIOUSLY APPROVED COLLECTION FOR WHICH APPROVAL HAS EXPIRED <input type="checkbox"/> e. REINSTATEMENT, WITH CHANGE, OF A PREVIOUSLY APPROVED COLLECTION FOR WHICH APPROVAL HAS EXPIRED <input type="checkbox"/> f. EXISTING COLLECTION IN USE WITHOUT AN OMB CONTROL NUMBER		4. TYPE OF REVIEW REQUESTED (X one) <input checked="" type="checkbox"/> a. REGULAR SUBMISSION <input type="checkbox"/> b. EMERGENCY - APPROVAL REQUESTED BY: ___/___/___ <input type="checkbox"/> c. 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																																			
7. TITLE Housing Vacancy Survey (HVS)		6. REQUESTED EXPIRATION DATE <input checked="" type="checkbox"/> a. THREE YEARS FROM APPROVAL DATE <input type="checkbox"/> b. OTHER: ___/___/___																																			
8. AGENCY FORM NUMBER(S) (if applicable) HVS-600, BC-1428, CPS-263(L)																																					
9. KEYWORDS Housing, housing standards, housing vacancies, housing inventories																																					
10. ABSTRACT The HVS provides quarterly estimates of national, regional, and state vacancy rates by various characteristics and ownership rates. These data give researchers the ability to gauge the housing inventory over time. Information is collected from homeowners, realtors, and other knowledgeable persons.																																					
11. AFFECTED PUBLIC (Mark primary with "P" and all others that apply with "X") <input checked="" type="checkbox"/> a. INDIVIDUALS OR HOUSEHOLDS <input type="checkbox"/> d. FARMS <input type="checkbox"/> b. BUSINESS OR OTHER FOR-PROFIT <input type="checkbox"/> e. FEDERAL GOVERNMENT <input type="checkbox"/> c. NOT-FOR-PROFIT INSTITUTIONS <input type="checkbox"/> f. STATE, LOCAL OR TRIBAL GOVERNMENT		12. OBLIGATION TO RESPOND (Mark primary with "P" and all others that apply with "X") <input checked="" type="checkbox"/> a. VOLUNTARY <input type="checkbox"/> b. REQUIRED TO OBTAIN OR RETAIN BENEFITS <input type="checkbox"/> c. MANDATORY																																			
13. ANNUAL REPORTING AND RECORDKEEPING HOUR BURDEN <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>a. NUMBER OF RESPONDENTS</td><td style="text-align: right;">87,500</td></tr> <tr><td>b. TOTAL ANNUAL RESPONSES</td><td style="text-align: right;">84,000</td></tr> <tr><td>(1) Percentage of these responses collected electronically</td><td style="text-align: right;">100 %</td></tr> <tr><td>c. TOTAL ANNUAL HOURS REQUESTED</td><td style="text-align: right;">4,200</td></tr> <tr><td>d. CURRENT OMB INVENTORY</td><td style="text-align: right;">4,318</td></tr> <tr><td>e. DIFFERENCE (+, -)</td><td style="text-align: right;">-118</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 style="text-align: right;">-118</td></tr> </table>		a. NUMBER OF RESPONDENTS	87,500	b. TOTAL ANNUAL RESPONSES	84,000	(1) Percentage of these responses collected electronically	100 %	c. TOTAL ANNUAL HOURS REQUESTED	4,200	d. CURRENT OMB INVENTORY	4,318	e. DIFFERENCE (+, -)	-118	f. EXPLANATION OF DIFFERENCE:		(1) Program change (+, -)		(2) Adjustment (+, -)	-118	14. ANNUALIZED COST TO RESPONDENTS (In thousands of dollars) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>a. TOTAL CAPITAL/STARTUP COSTS</td><td style="text-align: right;">0.00</td></tr> <tr><td>b. TOTAL ANNUAL COSTS (O&M)</td><td></td></tr> <tr><td>c. TOTAL ANNUALIZED COST REQUESTED</td><td></td></tr> <tr><td>d. CURRENT OMB INVENTORY</td><td></td></tr> <tr><td>e. DIFFERENCE (+, -)</td><td></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 CAPITAL/STARTUP COSTS	0.00	b. TOTAL ANNUAL COSTS (O&M)		c. TOTAL ANNUALIZED COST REQUESTED		d. CURRENT OMB INVENTORY		e. DIFFERENCE (+, -)		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") <input type="checkbox"/> a. APPLICATION FOR BENEFITS <input type="checkbox"/> e. PROGRAM PLANNING OR MANAGEMENT <input type="checkbox"/> b. PROGRAM EVALUATION <input type="checkbox"/> f. RESEARCH <input checked="" type="checkbox"/> c. GENERAL PURPOSE STATISTICS <input type="checkbox"/> g. REGULATORY OR COMPLIANCE <input type="checkbox"/> d. AUDIT		16. FREQUENCY OF RECORDKEEPING OR REPORTING (X all that apply) <input type="checkbox"/> a. RECORDKEEPING <input type="checkbox"/> b. THIRD PARTY DISCLOSURE <input checked="" type="checkbox"/> c. REPORTING: (1) On Occasion <input type="checkbox"/> (2) Weekly <input checked="" type="checkbox"/> (3) Monthly (4) Quarterly <input type="checkbox"/> (5) Semi-Annually <input type="checkbox"/> (6) Annually (7) Biennially <input type="checkbox"/> (8) Other (Describe)																																			
17. STATISTICAL METHODS Does this information collection employ statistical methods? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		18. AGENCY CONTACT (Person who can best answer questions regarding the content of this submission) a. NAME Kyra Linse (Survey Operations, Census) Robert Callis (SEHSD)																																			
		b. TELEPHONE NUMBER (include area code) 301-763-9280 301-763-3199																																			

OMB CONTROL NUMBER 0607 - 0179	TITLE Housing Vacancy Survey (HVS)
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19. CERTIFICATION FOR PAPERWORK REDUCTION ACT SUBMISSIONS

a. PROGRAM OFFICIAL CERTIFICATION *(Internal DOC Use Only)*

Type name John Thompson, Census Bureau Director	Date 4/5/2017
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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 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 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

Type name Jennifer Jessup, Departmental Paperwork Clearance Officer	Date
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