



## PAPERWORK REDUCTION ACT (PRA) EXECUTIVE SUMMARY FORM

<b>TITLE OF COLLECTION:</b>	Housing Vacancy Survey		
<b>OMB CONTROL NUMBER:</b>	0607-0179		
<b>DIVISION/PROGRAM OFFICE:</b>	Demographic Directorate/Associate Directorate of Demographic Programs		
<b>AGENCY CONTACT:</b>	Lisa Clement		
<b>TYPE OF INFORMATION COLLECTION REQUEST:</b>			
<input type="checkbox"/>	New collection		
<input type="checkbox"/>	Revision of a currently approved collection	[current expiration date:           ]	
<input checked="" type="checkbox"/>	Extension, without change, of a currently approved collection	[current expiration date: <b>8/31/2017</b> ]	
<input type="checkbox"/>	Reinstatement, without change, of a previously approved collection for which approval has expired		
<input type="checkbox"/>	Reinstatement, with change, of a previously approved collection for which approval has expired		
<input type="checkbox"/>	Existing collection in use without an OMB Control Number		
<b>PURPOSE OF COLLECTION:</b>			
<p>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.</p>			
<b>DATA COLLECTION START DATE:</b>	9/1/2017		
<b>REQUESTED OMB EXPIRATION DATE:</b>	<input checked="" type="checkbox"/> Three years from approval date	<input type="checkbox"/> Other date: [            ]	
<b>60-DAY FEDERAL REGISTER CITATION:</b>	<b>81 FR 91902</b>	<b>DATE PUBLISHED: 12/19/2016</b>	
<b>MANDATORY OR VOLUNTARY COLLECTION?</b>	<input type="checkbox"/> Mandatory	<input checked="" type="checkbox"/> Voluntary	<input type="checkbox"/> N/A
<b>IS THIS A REIMBURSABLE COLLECTION CONDUCTED BY CENSUS ON BEHALF OF ANOTHER AGENCY/ENTITY?</b>			
<input type="checkbox"/>	Yes [Specify agency/entity:           ]		
<input checked="" type="checkbox"/>	No		
<input type="checkbox"/>	Shared Sponsorship [Specify agency/entity:           ]		
<b>LEGAL AUTHORITY(IES) FOR INFORMATION COLLECTION:</b>			
Title 13, United States Code, Section 182, and Title 29, USC Section 1			

SURVEY INFORMATION:	
What is the source of the sampling frame for this collection? <b>Current Population Survey Sample</b>	
What are the mode(s) for collection? <input type="checkbox"/> Paper <input type="checkbox"/> Internet <input checked="" type="checkbox"/> Computer Assisted Personal Interviewing (CAPI)	
<input type="checkbox"/> Computer Assisted Telephone Interviewing (CATI) <input type="checkbox"/> Other	
PUBLIC BURDEN:	
Average Estimated Time per Response: <b>0</b> Hours <b>3</b> Minutes	
ANNUAL REPORTING AND RECORDKEEPING HOUR BURDEN:	
Number of Respondents	<b>87500</b>
Number of Responses	<b>84000</b>
Requested Annual Burden Hours	<b>4200</b>
Current Annual OMB Inventory	<b>4318</b>
Difference (+, -)	<b>-118</b>
Reason for Difference in Burden Hours: <input type="checkbox"/> Program Change <input checked="" type="checkbox"/> Adjustment <input type="checkbox"/> No Difference	
Explanation of Difference (if applicable): <b>The Sample size is smaller based on the number of vacant households last year</b>	
PRIVACY ACT (PA):	
Is this collection a Privacy Act System of Records?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - <i>If yes, a Privacy Act Statement that identifies the appropriate Systems of Records Notice (SORN) is required.</i>
TITLE 13 CONFIDENTIALITY:	
Is this collection of information confidential under Title 13, Section 9?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, has the confidentiality pledge been updated per the Federal Cybersecurity Enhancement Act of 2015 <sup>1</sup> ?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the respondent messaging been reviewed and updated in the collection materials per the "Updates to Census Bureau Confidentiality Messaging and PRA Required Language" memo, if applicable?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<sup>1</sup> Please refer to the "[Updates to Census Bureau Confidentiality Messaging and PRA Required Language](#)" Memo

<b>PLACEMENT OF REQUIRED PAPERWORK REDUCTION ACT AND PRIVACY ACT LANGUAGE:</b> In the table below, please indicate where the following PRA/PA statement requirements are located in the respondent materials:								
Required PRA/PA Language	PRA	PA Statement	Invitation letter	FAQs	Collection Instrument	Instructions	Other	N/A
Reason/purpose for the information collection, including the way the information will be used.	X	X	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fact Sheet	<input type="checkbox"/>
The legal authority(ies) that authorize the collection of information.	X	X	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fact Sheet	<input type="checkbox"/>
Whether responses are mandatory or voluntary (citing the authority)	X	X	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fact Sheet	<input type="checkbox"/>
The nature and extent of confidentiality to be provided (if any) citing authority	X		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fact Sheet	<input type="checkbox"/>
An estimate of the average respondent burden together with a request that the public direct to the agency any comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden	X		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPS Letter	<input type="checkbox"/>
OMB control number	X		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fact Sheet	<input type="checkbox"/>
A statement that an agency may not conduct (and a person is not required to respond to) an information collection request unless it displays a currently valid OMB control number.	X		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Published routine use for which information is subject and citation to relevant SORN		X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
The effects on the individual for not providing the requested information		X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Comments: <b>We have asked for a waiver to not display an OMB # in the instrument and materials.</b>								
<b>ADDITIONAL INFORMATION:</b> Please include any special circumstances or other information that would help expedite the review of this package (ex. if the collection is at the request of a congressional inquiry).								