## PAPERWORK REDUCTION ACT CHANGE WORKSHEET

| Agency/Subagency                                                                                                                                                                                                                                                                                                                                                                                                                             |   |        | OMB Control Number                     |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------|----------------------------------------|--|
| U.S. Department of Housing and Urban Development<br>Office of Housing, Office of Housing Counseling                                                                                                                                                                                                                                                                                                                                          |   |        | 2502-0573                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |        | Current expiration date:<br>04/30/2020 |  |
| Enter only items that change<br>Current record                                                                                                                                                                                                                                                                                                                                                                                               |   |        | New record                             |  |
| Agency form number(s): HUD-9900<br>Application for Approval as Housing<br>Counseling Agency                                                                                                                                                                                                                                                                                                                                                  |   |        |                                        |  |
| Annual reporting and recordkeeping hour<br>burden                                                                                                                                                                                                                                                                                                                                                                                            |   |        |                                        |  |
| Number of respondents                                                                                                                                                                                                                                                                                                                                                                                                                        |   |        |                                        |  |
| Total annual responses                                                                                                                                                                                                                                                                                                                                                                                                                       |   |        |                                        |  |
| Percent of these responses<br>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                                                                                                                                                                                                                                                                                                                                                                                                       | 0 |        | 0                                      |  |
| Total annual costs (O&M)                                                                                                                                                                                                                                                                                                                                                                                                                     | 0 |        | 0                                      |  |
| Total annualized cost requested                                                                                                                                                                                                                                                                                                                                                                                                              | 0 |        | 0                                      |  |
| Difference                                                                                                                                                                                                                                                                                                                                                                                                                                   |   |        | 0                                      |  |
| Explanation of difference                                                                                                                                                                                                                                                                                                                                                                                                                    |   |        | 0                                      |  |
| Program change                                                                                                                                                                                                                                                                                                                                                                                                                               |   |        | 0                                      |  |
| Adjustment                                                                                                                                                                                                                                                                                                                                                                                                                                   |   |        | 0                                      |  |
| Other Changes/Justification Statement:                                                                                                                                                                                                                                                                                                                                                                                                       |   |        |                                        |  |
| Made minor updates to HUD-9900 for:<br>1) Sentence/language missing on the newly approved form 9900 was accidently omitted and replaced. The<br>sentence/language was contained within the prior approved HUD-9900; and<br>2) Reordered the list of counseling types to match the counseling types listed within the form 9902 report. There are no<br>changes in the list of counseling type, we're simply making sure the documents match. |   |        |                                        |  |
| Signature of Senior OMB Official or designee:                                                                                                                                                                                                                                                                                                                                                                                                |   |        | For OIRA Use                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                              |   | Date:  |                                        |  |
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\*\*This form cannot be used to extend an expiration date. OMB FORM 83-C