

# Paperwork Reduction Act Submission

Please read the instruction before completing this form. For additional forms or assistance in completing this forms, contact your agency's Paperwork Reduction 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 Seventeenth St. NW, Washington, DC 20503.

1. Agency/Subagency Originating Request: <b>U.S. Department of Housing and Urban Development</b> <b>Office of Public and Indian Housing</b> <b>Office of Public Housing and Voucher Programs</b>	2. OMB Control Number: a. <b>2577-0282</b> b. <input type="checkbox"/> None
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3. Type of information collection: (check one) a. <input type="checkbox"/> New Collection b. <input type="checkbox"/> Revision of a currently approved collection c. <input type="checkbox"/> Extension of a currently approved collection d. <input checked="" type="checkbox"/> Reinstatement, <b>without change</b> , of previously approved collection for which approval has expired e. <input type="checkbox"/> Reinstatement, <b>with change</b> , of previously approved collection for which approval has expired f. <input type="checkbox"/> Existing collection in use without an OMB control number For b-f, note item A2 of Supporting Statement instructions.	4. Type of review requested: (check one) a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Emergency - Approval requested by c. <input type="checkbox"/> 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 6. Requested expiration date: a. <input checked="" type="checkbox"/> Three years from approval date      b. <input type="checkbox"/> Other (specify)
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7. Title: Title:  
**Voucher Management System (VMS), Section 8 Budget and Financial Forms**

8. Agency form number(s): HUD-52681, HUD-52681-B, HUD-52672, HUD-52673, HUD-52663.

9. Keywords:  
 Housing Choice Vouchers (HCV), Voucher Management System (VMS), voucher program, Section 8, Section Eight

10. Abstract: The Voucher Management System (VMS) supports the information management needs of the Housing Choice Voucher (HCV) Program and management functions performed by the Financial Management Center (FMC) and the Financial Management Division (FMD) of the Office of Public and Indian Housing and the Real Estate Assessment Center (PIH-REAC). This system's primary purpose is to provide a central system to monitor and manage the Public Housing Agency (PHAs) use of vouchers and expenditure of program funds and is the basis for budget formulation and budget implementation. The VMS collects PHAs' actual cost data that enables HUD to perform and control cash management activities; the costs reported are the based for quarterly HAP and Fee obligations and advance disbursements in a timely manner, and reconciliations for overages and shortages on a quarterly basis.

11. Affected public: (mark primary with "P" and all others that apply with "X") a. Individuals or households      e. Farms b. Business or other for-profit      f. Federal Government c. <input checked="" type="checkbox"/> Not-for-profit institutions      g. <input checked="" type="checkbox"/> State, Local or Tribal Government	12. Obligation to respond: (mark primary with "P" and all others that apply with "X") a. Voluntary b. <input checked="" type="checkbox"/> Required to obtain or retain benefits c. <input checked="" type="checkbox"/> Mandatory
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13. Annual reporting and recordkeeping hour burden: a. Number of respondents      3110 b. Total annual responses      28,960 Percentage of these responses collected electronically      100% c. Total annual hours requested      57,540 d. Current OMB inventory      0 e. Difference (+,-)      0 f. Explanation of difference: 1. Program change: 2. Adjustment:      0	14. Annual reporting and recordkeeping cost burden: (in thousands of dollars) Do not include costs based on the hours in item 13. a. Total annualized capital/startup costs b. Total annual costs (O&M) c. Total annualized cost requested      1,762 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") a. Application for benefits      e. <input checked="" type="checkbox"/> Program planning or management b. Program evaluation      f. Research c. General purpose statistics      g. <input checked="" type="checkbox"/> Regulatory or compliance d. Audit	16. Frequency of recordkeeping or reporting: (check all that apply) a. <input type="checkbox"/> Recordkeeping      b. <input type="checkbox"/> Third party disclosure c. <input checked="" type="checkbox"/> Reporting: 1. <input type="checkbox"/> On occasion      2. <input type="checkbox"/> Weekly      3. <input checked="" type="checkbox"/> Monthly 4. <input type="checkbox"/> Quarterly      5. <input type="checkbox"/> Semi-annually      6. <input checked="" type="checkbox"/> Annually 7. <input type="checkbox"/> Biennially      8. <input type="checkbox"/> Other (describe)
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17. Statistical methods: Does this information collection employ statistical methods? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	18. Agency contact: (person who can best answer questions regarding the content of this submission) Name: Miguel Fontanez and Robert Boepple Phone: (202) 402-4212 and (816) 426-6199
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## 19. Certification for Paperwork Reduction Act Submissions

On behalf of the U.S. Department of Housing and Urban Development, 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 collections 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 terminology 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):
  - (i) Why the information is being collected;
  - (ii) Use of the 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 collected (see note in item 19 of the instructions);
- (i) 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.

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Signature of Program Official:

Date:

X Danielle Bastarache, Deputy Assistant Secretary, Office of Public Housing and Voucher Programs, PIH, HUD

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Signature of Senior Officer or Designee:

Date:

X  
Colette Pollard, Departmental Records Management Officer,  
Office of the Chief Information Officer

## Supporting Statement for Paperwork Reduction Act Submissions

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### A. Justification:

1. **Explain the circumstances that make the collection of information necessary. Identify any legal or administrative requirements that necessitate the collection. Attach a copy of the appropriate section of each statute and regulation mandating or authorizing the collection of information.** The Housing Choice Voucher (HCV) Program is the federal government's major program for assisting very low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market. Since housing assistance is provided on behalf of the family or individual, participants are able to find their own housing, including single-family homes, townhouses and apartments. The participant is free to choose any housing that meets the requirements of the program and is not limited to units located in subsidized housing projects.

HCVs are administered locally by public housing agencies (PHAs). The PHAs receive federal funds from the U.S. Department of Housing and Urban Development (HUD) to administer the voucher program. The Voucher Management System (VMS)/HUD-52681B is HUD's main data system in terms of supporting program management. HUD uses VMS data as submitted by the PHAs to recalculate program renewal funding for each PHA each calendar year, to calculate the administrative fees earned by PHAs, to monitor program performance, to anticipate potential problems such as funding shortfalls at particular PHAs, and to inform research on various aspects of the program. In addition, the HUD-52663, HUD-52672, HUD-52673, and HUD-52681 forms are used for Section 8 programs that must remit Budget and Financial Statements to draw their needed funds. Without approval, HUD will not be able to collect this critical data crucial to funding calculation, program oversight, etc, furthering hampering HUD's management and oversight efforts regarding the HCV Program and other Section 8 Programs.

Authorities for the information collection under this PRA are: USHA of 1937 (42 U.S.C. 1437 et.seq); Housing and Community Development Act of 1987 (42 U.S.C. 3543); Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d); Fair Housing Act (42 U.S.C. 3601-19); Section 904 of the Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544).

2. **Indicate how, by whom and for what purpose the information is to be used. Except for a new collection, indicate the actual use the agency has made of the information received from the current collection.** The requested information requirements (how, by whom and for what purpose the information is to be used) for the voucher program consists of the following:

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### Information Collections Required of PHAs

**Financial Forms, HUD- 52672, 52681, 52681-B, 52663 and 52673.** Originally, the HCV Financials were included in OMB Collection 2577-0169. Regulatory References 24 CFR 982.157 and 982.158. PHAs that administer the HCV program are required to maintain financial reports in accordance with accepted accounting standards in order to permit timely and effective audits. The HUD-52672 (Supporting Data for Annual Contributions Estimates Section 8 Housing Assistance Payments Program) and 52681 (Voucher for Payment of Annual Contributions and Operating Statement Housing Assistance Payments Program) financial records identify the amount of annual contributions that are received and disbursed by the PHA and are used by PHAs that administer the five-year Mainstream Program, MOD Rehab, and Single Room Occupancy. Form HUD-52663 (Suggested Format for Requisition for Partial Payment of Annual Contributions Section 8 Housing Assistance Payments Program) provides for PHAs to indicate requested funds and monthly amounts. Form HUD-52673 (Estimate of Total Required Annual Contributions Section 8 Housing Assistance Payments Program) allows PHAs to estimate their total required annual contributions. The required financial statements are similar to those prepared by any responsible business or organization.

The automated form HUD-52681-B (Voucher for Payment of Annual Contributions and Operating Statement Housing Assistance Payments Program Supplemental Reporting Form) is entered by the PHA into the Voucher Management System (VMS) on a monthly basis during each calendar year to track leasing and HAP expenses by voucher category, as well as data concerning fraud recovery, Family Self-Sufficiency escrow accounts, PHA-held equity, etc. The automated form HUD-52681-B is also utilized by the same programs as the manual forms.

At present there are the following HAP and Leasing fields, All PHAs are to report the following:

UML:

Rental Assistance Demonstration Component 1  
Rental Assistance Demonstration Component 2  
Litigation  
Homeownership  
Homeownership New this Month  
Moving to Work  
One-Year Mainstream – MTW  
Family Unification – Non-MTW  
Family Unification pre-2008 – MTW  
Family Unification 2008/Forward – MTW  
Non-Elderly Disabled – Non MTW  
Non-Elderly Disabled 2008/Forward – MTW  
Portable Voucher Paid  
Hope VI  
Tenant Protection  
Enhanced Vouchers  
Veterans Affairs Supported Housing (VASH)  
DHAP to HCV Vouchers Leased  
All other Vouchers

HAP Expenses:

Rental Assistance Demonstration Component 1  
Rental Assistance Demonstration Component 2  
Litigation  
Homeownership  
Homeownership New this Month  
Moving to Work  
One-Year Mainstream – MTW

Family Unification – Non-MTW  
Family Unification pre-2008 – MTW  
Family Unification 2008/Forward – MTW  
Non-Elderly Disabled – Non MTW  
Non-Elderly Disabled 2008/Forward – MTW  
Portable Voucher Paid  
Hope VI  
Tenant Protection  
Enhanced Vouchers  
Veterans Affairs Supported Housing (VASH)  
DHAP to HCV Vouchers Leased  
All other Vouchers  
MTW - Family Unification 2008/Forward HAP Expenses After the First of the Month  
MTW - Family Unification Pre-2008 After the First of the Month  
MTW- VASH HAP Expenses After the First of the Month  
MTW Non-Elderly Disabled 2008/Forward HAP Expenses After the First of the Month  
MTW - One Year Mainstream After the First of the Month  
FSS Escrows  
All other Vouchers After the First of the Month

Other Voucher Reporting Requirements. Below are the VMS and 52681-B data fields:

UML:

Number of Vouchers Under Lease (HAP Contract) on the Last day of month  
HA Owned Units Leased – included in the units leased above  
New Vouchers Issued but not under HAP contracts as of the Last day of month  
Portable Vouchers Administered (Port-In)  
5 Year Mainstream  
Project-Based Vouchers Under HAP Contract, Unleased  
Number of PBVs under AHAP  
Number of PBVs under HAP and leased  
Number of PBVs under HAP not leased with vacancy payments

HAP Expenses:

Portable Vouchers Administered (Port-In)  
5 Year Mainstream  
Number of PBVs under HAP not leased with vacancy payments and associated vacancy HAP expense

Memorandum Reporting:

UML:

Number of Hard to House Families Leased  
Number of LBP Initial Clearance Test  
Number of LBP Risk Assessments

HAP Expenses:

Fraud Recovery Total Collected this Month  
Interest or other income earned this month from the Investment of HAP funds and Restricted Net Position  
FSS Escrow Forfeitures  
Portable HAP costs Billed and Unpaid 90 Days or older

Administrative Expenses:

HAP Expenses:

FSS Coordinator Expenses Covered by FSS Grant

FSS Coordinator Expense Not Covered by FSS Grant

Financial Status:

HAP Expenses:

Unrestricted Net Position (UNP) as of the Last Day of the Month

Restricted Net Position as of the Last Day of the Month

Cash/Investments as of the Last Day of the Month – Voucher Program Only

MTW:

HAP Expenses:

MTW – HCV Administrative Expenses:

MTW – Public Housing Rehabilitation Expenses

MTW – Debt Service Repayment Expenses

MTW – Development Activities

MTW – Local Housing Program Expenses

Other – Unspent Funds Fund Source 1 through 11 (each requires):

Unspent Fund Source (HCV, CAP, OP, MTW)

Type Of Account

Activity

Funds Committed

Type Of Commitment

Date Of Commitment

Funds Obligated

Type Of Obligation

Date Of Obligation

Funds Expended From Commitment/Obligation

Projected Date Of Full Expenditure

Expenses:

HAP Expenses:

Expense Amount 1

Expense Amount 2

Expense Amount 3

Expense Amount 4

Expense Amount 5

Misc:

Expense Amount 1 Comment

Expense Amount 2 Comment

Expense Amount 3 Comment

Expense Amount 4 Comment

Expense Amount 5 Comment

MTW Other Expense Category

HAP Expense:

MTW – Other PHA to identify the type of expense incurred Amount 6

MTW – Other PHA to identify the type of expense incurred Amount 7

MTW – Other PHA to identify the type of expense incurred Amount 8

Misc.:

MTW – Other PHA to identify the type of expense incurred Amount 6 Comment

MTW – Other PHA to identify the type of expense incurred Amount 7 Comment

MTW – Other PHA to identify the type of expense incurred Amount 8 Comment

Comments:

Misc.: Comments

Disaster Program:

Misc.:

Disaster Name

UML:

Disaster Families Assisted (UML)

HAP Expense:

Disaster Families Assisted

Disaster Security Deposit

Disaster Security Deposit Returned

Disaster Utility Deposit

Disaster Utility Deposit Returned

Disaster Administrative Expenditures

Disaster Broker Fee

- 3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses, and the basis for the decision for adopting this means of collection. Also describe any consideration of using information technology to reduce burden.** Financial Form HUD-52681-B has been automated; submissions are manually keyed to the data entry forms monthly and electronically uploaded to VMS. The other forms must be manually completed. Most are completed electronically and submitted in an electronic format.

4. **Describe efforts to identify duplication. Show specifically why any similar information already available cannot be used or modified for use for the purposes described in Item 2 above.** Due to the separation of the HCV financials from collection 2577-0169 and 2577-0282. Note the authorized control for this information may be found within its original collection of 2577-0169.
5. **If the collection of information impacts small businesses or other small entities (Item 5 of OMB Form 83-I) describe any methods used to minimize burden.** It does not have impact on small businesses or other small entities.
6. **Describe the consequence to Federal program or policy activities if the collection is not conducted or is conducted less frequently, as well as any technical or legal obstacles to reducing burden.** The burden associated with 24 CFR Parts 982 and 983 is the minimum needed for program monitoring and implementation and incorporates program applications for funding, program financial reporting, and contractual and other documents necessary to program administration and implementation. The information cannot be collected less frequently because it is either (1) information necessary for HUD to carry out its budget, allocation, oversight, and cash management functions or (2) information necessary for PHAs to comply with contractual arrangements or a statutory mandate.
7. **Explain any special circumstances that would cause an information collection to be conducted in a manner.**
- requiring respondents to report information to the agency more than quarterly;  
**Not Applicable**
  - requiring respondents to prepare a written response to a collection of information in fewer than 30 days after receipt of it;  
**Not Applicable**
  - requiring respondents to submit more than an original and two copies of any document;  
**Not Applicable**
  - requiring respondents to retain records other than health, medical, government contract, grant-in-aid, or tax records for more than three years;  
**Not Applicable**
  - in connection with a statistical survey, that is not designed to produce valid and reliable results than can be generalized to the universe of the study;  
**Not Applicable**
  - requiring the use of statistical data classification that has not been reviewed and approved by OMB;  
**Not Applicable**
  - that includes a pledge of confidentiality that is not supported by authority established in statute or regulation, that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use; or  
**Not Applicable**
  - requiring respondents to submit proprietary trade secret, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.  
**Not Applicable**



This collection of information is conducted in manner consistent with guidelines in 5 CFR 1320.5 (d)(2).

8. If applicable, provide a copy and identify the date and page number of publications in the Federal Register of the agency's notice, required by 5 CFR 1320.8(d), soliciting comments on the information collection prior to submission to OMB. Summarize public comments received in response to that notice and describe actions taken by the agency in response to these comments. Specifically address comments received on cost and hour burden.

HUD published a Notice of Proposed Information Collection for Public Comments in the Federal Register, Volume 83; page 36610, on July 30, 2018, to submit comments on the proposed information collection. HUD received no comments on this proposed collection.

9. Explain any decision to provide any payment or gift to respondents, other than remuneration of contractors or grantees. No payments or gifts to respondents are provided.
10. Describe any assurance of confidentiality provided to respondents and the basis for assurance in statute, regulation or agency policy. N/A. Information collected does not apply to individuals or any information covered by the Personal Identifiable information covered under the Privacy Act of 1974 (5 U.S.C. 552a).
11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private. This justification should include the reasons why the agency considers the questions necessary, the specific uses to be made of the information, the explanation to be given to persons from whom the information is requested, and any steps to be taken to obtain their consent. N/A. VMS does not collect any such information.
12. Provide estimates of the hour burden of the collection of information.

Description	Number of Respondents	Responses per Respondent	Total Annual Responses	Hours per Response	Total Hours	Hourly Cost	Total Cost
Financial Forms (HUD- 52681-B)	2,350.00	12.00	28,200.00	2.00	56,400.00	29.82	1,681,848.00
Financial Forms (HUD- 52672)	190.00	1.00	190.00	1.50	285.00	29.82	8,498.70
Financial Form (HUD-52681)	190.00	1.00	190.00	1.50	285.00	29.82	8,498.70
Financial Form (HUD-52673)	190.00	1.00	190.00	1.50	285.00	29.82	8,498.70
Financial Form (HUD-52663)	190.00	1.00	190.00	1.50	285.00	29.82	8,498.70
<b>Totals</b>			<b>28,960.00</b>		<b>57,540.00</b>		<b>1,715,842.80</b>

**Estimated annual cost.** 57,540 hours times average hourly costs of \$29.82 = \$1,715,842.80  
 3,110 PHAs x \$29.82 per hour for PHA staff members inputting information

**13. Provide an estimate of the total annual cost burden to respondents or record keepers resulting from the collection of information (do not include the cost of any hour burden shown in Items 12 and 14).**  
 None

**14. Provide estimates of annualized cost to the Federal government.**

Estimated annualized cost is \$29.82 per hour, based on the 2018 General Pay Scale for a GS-11 Step 1, which represents the HUD field staff reviewing required information into VMS.

**Federal Government Costs**

Requirement	Annual Burden Hours	Cost per hour	Total Cost
Financial Forms	57,540.00	\$29.82	\$1,715,842.80
<b>Totals</b>	<b>57,540.00</b>		<b>\$1,715,842.80</b>

**15. Explain the reasons for any program changes or adjustments reported in Items 13 and 14 of the OMB Form 83-I.** N/A

**16. For collection of information whose results will be published, outline plans for tabulation and publication. Address any complex analytical techniques that will be used.** Information will be published to HUD.gov

**17. If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons that display would be inappropriate.** HUD is not seeking approval to avoid displaying the OMB expiration date.

**18. Explain each exception to the certification statement identified in item 19.** N/A

**B. Collection of Information Employing Statistical Methods:**

Section B is not applicable since statistical methods are not used.