PAPERWORK REDUCTION ACT

CHANGE WORKSHEET

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| **Agency/Subagency** **U.S. Department of Housing and Urban Development**Office of Housing, Office of Housing Counseling | OMB Control Numbers: 2502-0555Exp. Date: 4/30/20 |
| ***If there are no changes in the categories below such as burden hours, respondents or record-keeping, please state N/A in the new column boxes.*** ***Enter only items that change*** **Current record New record** |
| **Agency form number(s)**HUD-9250 | [See attached form HUD-9250] | [See attached red-line form] |
| **Annual reporting and recordkeeping hour burden** |  |  |
|  | Number of respondents | 30,620 | 30,620 |
|  | Total annual responses | 8,267 | 8,267 |
|  |  | Percent of these responses collected electronically | 0% |  |
|  | Total annual hours | 16,535 | 16,535 |
|  | 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 |  |
|  |  | Program change |  |
|  |  | Adjustment |  |
| **Other Changes/Justification Statement:**In order to serve its clients better, HUD has made the following non-material change: For certain properties the lender/servicer, with HUD approval, would take the place of HUD in reviewing and signing the form HUD-9250. The form continues to be used the same. The reviewer and signer may now be the authorized lender/servicer or HUD’s Regional Center or Satellite Office Hub Director or Program Center Director that provides owner permission to utilize reserve funds. Certain minor changes have been added to update and improve language used in the form. See red-line form attached.DISCLAIMER: OMB has the final authority on change requests. If they deem that your request or changes constitute a revision, they will notify us, and we will need to submit a revision request instead.  |
| Signature of Senior Official or designee: | Date: 10/10/2019 | For OIRA Use\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\*\*This form cannot be used to extend an expiration date.

OMB FORM 83-C 10/95