## Individual Information Collection Request

Under GSA’s Generic Clearance: Improving Customer Experience - Implementation of Section 280 of OMB Circular A-11

OMB Control No. 3090-0321

**QUESTIONS:**

Please include all questions and response options (either multiple choice options or free text fields, etc.):

(Page 1)

1. Are you a Consumer or member of the Lending Industry?

* Consumer
* Member of the Lending industry

1. I am satisfied with the service I received from the FHA Resource Center.

* Strongly Disagree
* Disagree
* Neutral
* Agree
* Strongly Agree

1. This interaction increased my confidence with the FHA Resource Center.

* Strongly Disagree
* Disagree
* Neutral
* Agree
* Strongly Agree

1. How could we have made your experience better?

(Free Text Field)

(Page 2)

1. Please rate your satisfaction with the Resource Center customer service representative's knowledge of HUD Single Family housing and services.

* Very Dissatisfied
* Dissatisfied
* Neutral
* Satisfied
* Very Satisfied

1. Please rate your satisfaction with the accuracy of the information you received from the FHA Resource Center.

* Very Dissatisfied
* Dissatisfied
* Neutral
* Satisfied
* Very Satisfied

1. My need was addressed.

* Strongly Disagree
* Disagree
* Neutral
* Agree
* Strongly Agree

1. It was easy to complete what I needed to do.

* Strongly Disagree
* Disagree
* Neutral
* Agree
* Strongly Agree

1. It took a reasonable amount of time to do what I needed to do.

* Strongly Disagree
* Disagree
* Neutral
* Agree
* Strongly Agree

1. Please tell us the topic you contacted the FHA Resource about.

* HUD Homes
* Purchase/Refinance
* Servicing Issues
* Rental Assistance
* CAIVRS
* Other

1. I was treated fairly.

* Strongly Disagree
* Disagree
* Neutral
* Agree
* Strongly Agree

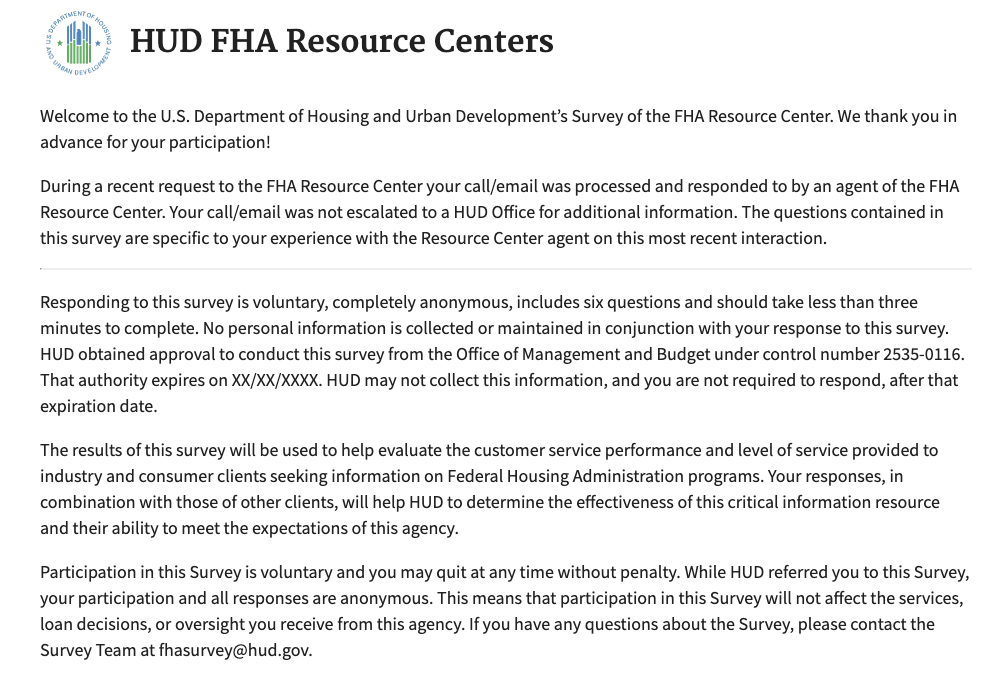
1. Employees I interacted with were helpful.

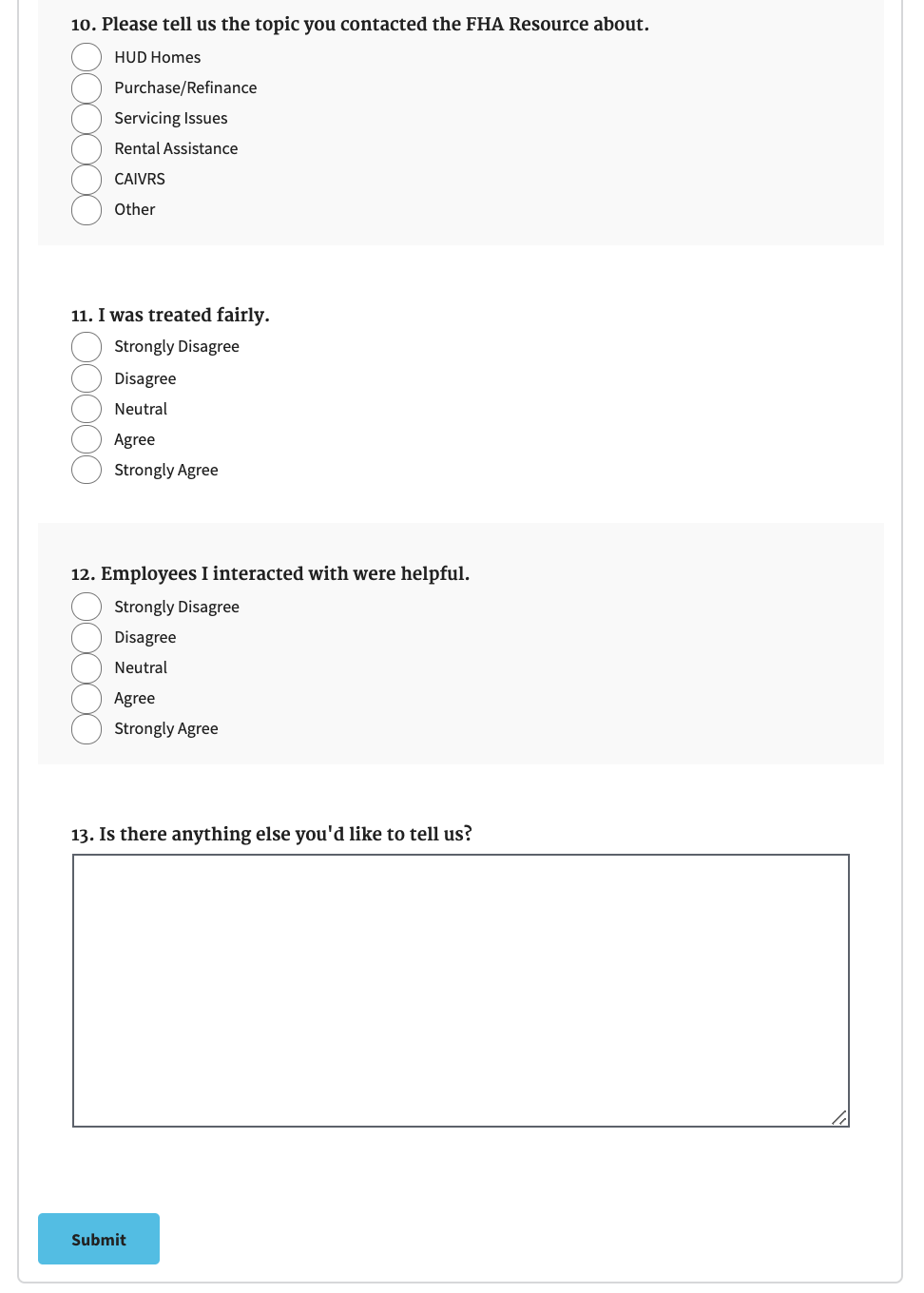
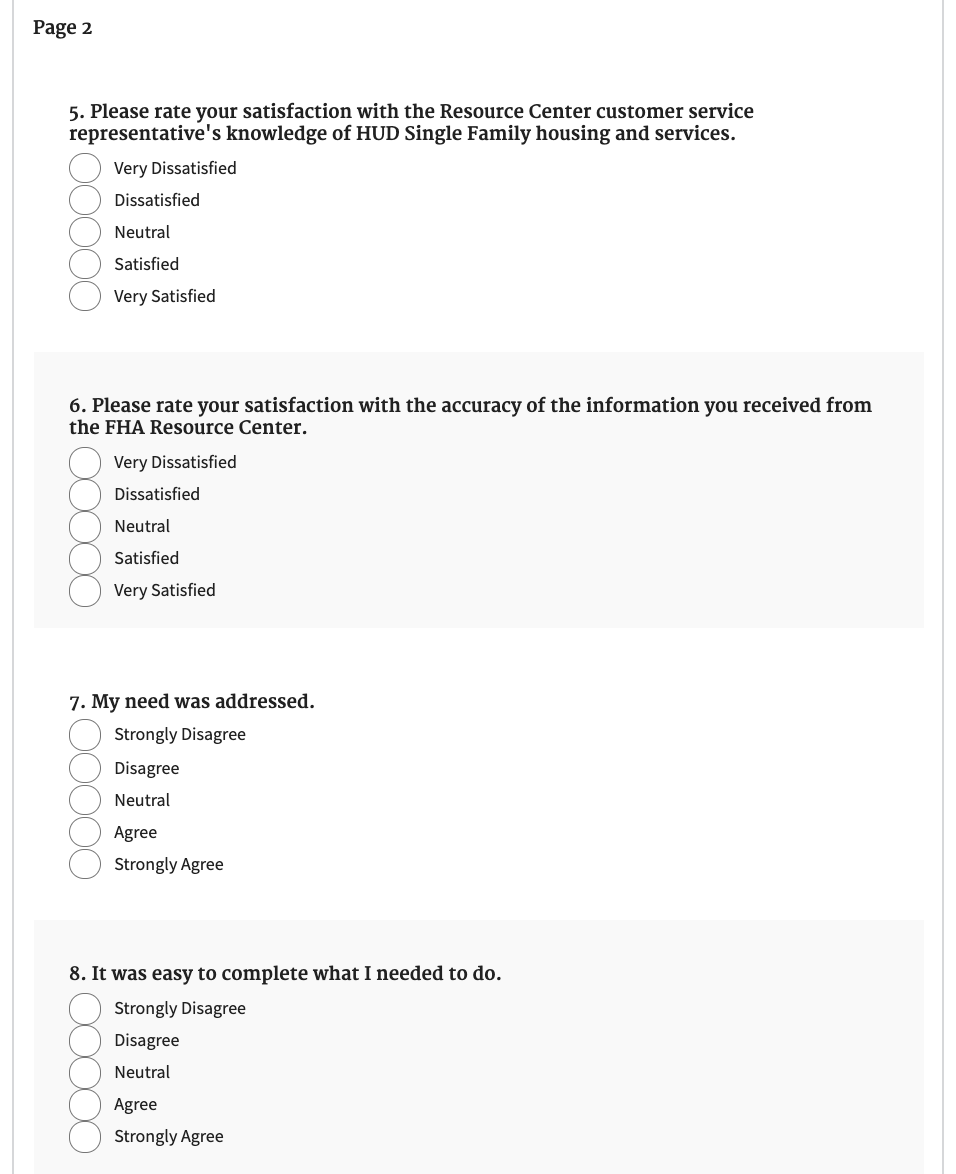
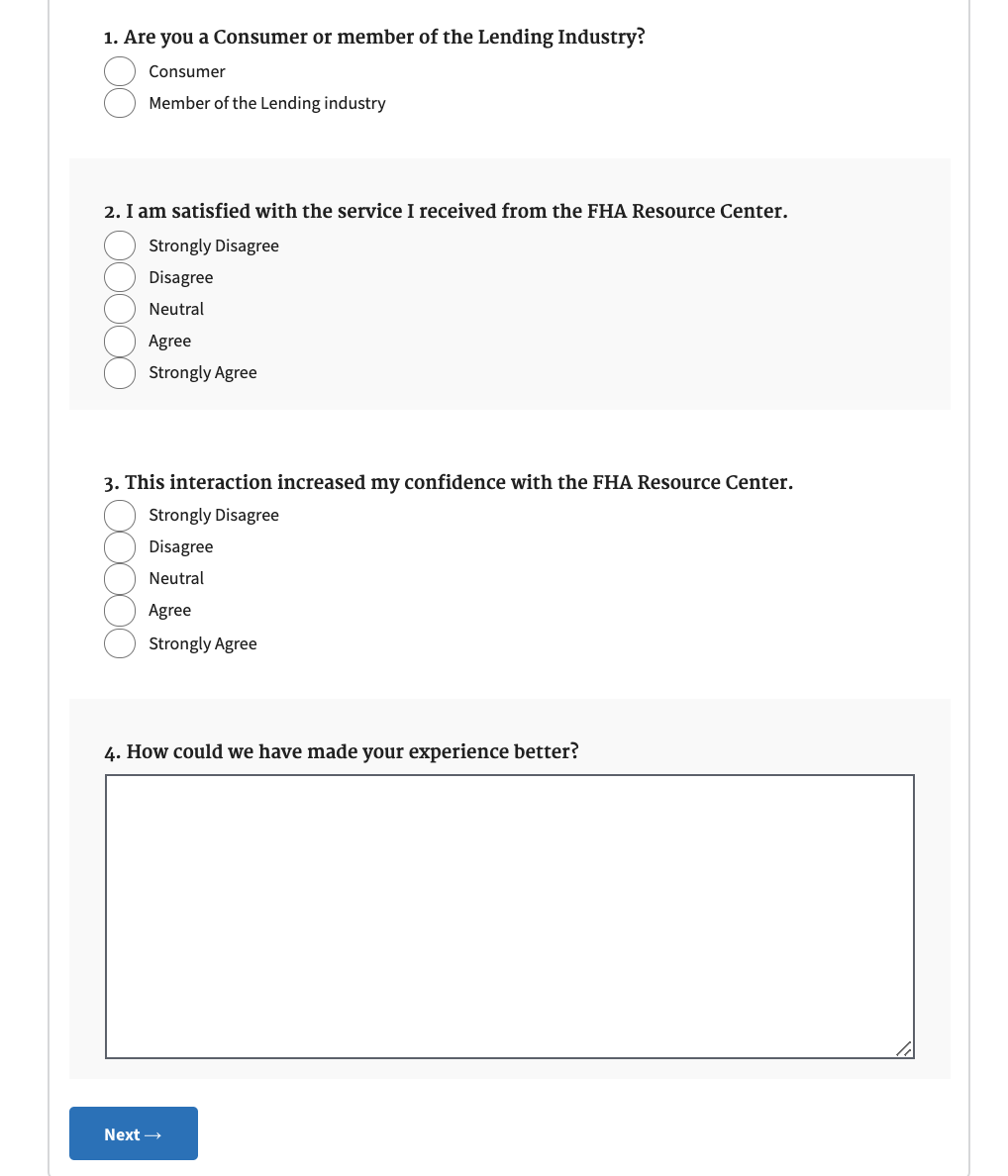
* Strongly Disagree
* Disagree
* Neutral
* Agree
* Strongly Agree

1. Is there anything else you'd like to tell us?

(Free Text Field)

**SCREENSHOTS:**

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**ADMINISTRATION DETAILS:**

The following will be displayed on this Touchpoints survey:

OMB Control No. 0690-0030, Expiration Date: XX/XX/XXXX