

## 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

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### QUESTIONS:

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

(Page 1)

1. This interaction increased my confidence in the Homeownership Center.
  - Strongly Disagree
  - Disagree
  - Neutral
  - Agree
  - Strongly Agree
  
2. I am satisfied with the service I received from the Homeownership Center.
  - Strongly Disagree
  - Disagree
  - Neutral
  - Agree
  - Strongly Agree
  
3. How could we have made your experience better?  
(Free Text Field)

(Page 2)

1. Please rate your satisfaction with the accuracy of information you received from HUD staff.
  - Very Dissatisfied
  - Dissatisfied
  - Neutral
  - Satisfied
  - Very Satisfied
  
2. It was easy to complete what I needed to do.

- Strongly Disagree
  - Disagree
  - Neutral
  - Agree
  - Strongly Agree
3. My need was addressed.
- Strongly Disagree
  - Disagree
  - Neutral
  - Agree
  - Strongly Agree
4. I was treated fairly.
- Strongly Disagree
  - Disagree
  - Neutral
  - Agree
  - Strongly Agree
5. It took a reasonable amount of time to do what I needed to do.
- Strongly Disagree
  - Disagree
  - Neutral
  - Agree
  - Strongly Agree
6. Employees I interacted with were helpful.
- Strongly Disagree
  - Disagree
  - Neutral
  - Agree
  - Strongly Agree

## SCREENSHOTS:



## HUD Homeownership Centers

Welcome to the U.S. Department of Housing and Urban Development's Survey of HUD/FHA Customer Satisfaction. We thank you in advance for your participation!

You recently contacted the Federal Housing Administration's FHA Resource Center either by telephone (1-800-CALLFHA) or by email (answers@hud.gov). During that contact your call/email was escalated to a HUD Office in order to provide additional information or policy clarification on your question. The questions contained in this survey are specific to your experience with the HUD Office or HUD staff person to whom you were escalated.

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Responding to this survey is voluntary, completely anonymous and should take less than three minutes to complete. No personal information is collected or maintained in conjunction with your response to this survey. HUD obtained approval to conduct this survey from the Office of Management and Budget under control number 2535-0116. That authority expires on XX/XX/XXXX. HUD may not collect this information, and you are not required to respond, after that expiration date.

The results of this survey will be used to help evaluate the customer service performance and level of service provided to industry and consumer clients seeking information on Federal Housing Administration programs. Your responses, in combination with those of other clients, will help HUD to determine the effectiveness of this critical information resource and their ability to meet the expectations of this agency.

Participation in this Survey is voluntary and you may quit at any time without penalty. While HUD referred you to this Survey, your participation and all responses are anonymous. This means that participation in this Survey will not affect the services, loan decisions, or oversight you receive from this agency. If you have any questions about the Survey, please contact the Survey Team at fhasurvey@hud.gov.

**1. This interaction increased my confidence in the Homeownership Center.**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

**2. I am satisfied with the service I received from the Homeownership Center.**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

**3. How could we have made your experience better?**

**Next →**

**Second Page**

**4. Please rate your satisfaction with the accuracy of information you received from HUD staff.**

- Very Dissatisfied
- Dissatisfied
- Neutral
- Satisfied
- Very Satisfied

**5. It was easy to complete what I needed to do.**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

**6. My need was addressed.**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

**7. I was treated fairly.**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

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

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

**9. Employees I interacted with were helpful.**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

**Submit**

**ADMINISTRATION DETAILS:**

The following will be displayed on this Touchpoints survey:

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