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.

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| 1. Agency/Subagency Originating Request:**U.S. Department of Housing and Urban Development****Office of Single Family Program Development** | 2. OMB Control Number:a. **2502-0328** | b. None |
| 3. Type of information collection: (check one)1. **[ ]** New Collection
2. **[x]** Revision of a currently approved collection
3. **[ ]** Extension of a currently approved collection
4. **[ ]** Reinstatement, **without change**, of previously approved

 collection for which approval has expired1. **[ ]** Reinstatement, **with change**, of previously approved collection

 for which approval has expired1. **[ ]** 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)1. **[x]** Regular
2. **[ ]** Emergency - Approval requested by
3. **[ ]** Delegated

5. Small entities: Will this information collection have a significant economic impact on a substantial number of small entities? **[x]** Yes **[ ]** No (Impact of preclosing process MH)6. Requested expiration date:a. **[x]** Three years from approval date b. **[ ]** Other (specify)  |

7. Title:

**Title I Property Improvement and Manufactured Home Loan Programs**

8. Agency form number(s): (if applicable)

HUD-637, 27030, 55013, 55014, 56001, 56001-MH, 56002, 56002-MH, & SF 3881

9. Keywords:

Housing, Mortgage, Lender, Property Improvement, Manufactured Home, Historic Preservation, Direct/Dealer Loan, Chattel

10. Abstract:

Financial institutions obtain insurance on loans for repair/improvement of property; purchase of a manufactured home and/or lot; the purchase of fire safety equipment in existing health care facilities; and the preservation of historic structures.

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| 11. Affected public: (mark primary with “P” and all others that apply with “X”)a. **P** Individuals or households e. Farmsb. **X** Business or other for-profit f. Federal Governmentc. Not-for-profit institutions g. State, Local or Tribal Government | 12. Obligation to respond: (mark primary with “P” and all others that apply with “X”)a.  Voluntaryb. **P** Required to obtain or retain benefitsc.  Mandatory |
| 13. Annual reporting and recordkeeping hour burden:a. Number of respondents 13,593b. Total annual responses 73,440Percentage of these responses collected electronically 60%c. Total annual hours requested 46,099d. Current OMB inventory 40,031e. Difference (+,-) + 6,068f. Explanation of difference:1. Program change: 2. Adjustment: 6,068  | 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 $0.00b. Total annual costs (O&M) $92,160.00c. Total annualized cost requested $92.160.00d. Total annual cost requested $0.00e. Current OMB inventory $0.00f. Explanation of difference:1. Program change: 2. Adjustment:  |
| 15. Purpose of Information collection: (mark primary with “P” and all others that apply with “X”)a. **P** Application for benefits e. **X** Program planning or managementb. **X** Program evaluation f. Researchc. General purpose statistics g. **X** Regulatory or complianced. **X** Audit | 16. Frequency of recordkeeping or reporting: (check all that apply)a. **[x]** Recordkeeping b. **[x]** Third party disclosure c. **[x]** Reporting:1. **[x]** On occasion 2. **[ ]** Weekly 3. **[x]** Monthly4. **[ ]** Quarterly 5. **[ ]** Semi-annually 6. **[ ]** Annually7. **[ ]** Biennially 8. **[x]** Other (describe) **Reporting required for every loan at time insurance is requested.**  |
| 17. Statistical methods: Does this information collection employ statistical methods?**[ ]** Yes **[x]** No | 18. Agency contact: (person who can best answer questions regarding the content of this submission) Name: Patricia McBarronPhone: 202-402-5389 |

**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) appears 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:

1. It is necessary for the proper performance of agency functions;
2. It avoids unnecessary duplication;
3. It reduces burden on small entities;
4. It uses plain, coherent, and unambiguous terminology that is understandable to respondents;
5. Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
6. It indicates the retention periods for recordkeeping requirements;
7. It informs respondents of the information called for under 5 CFR 1320.8(b)(3):
8. Why the information is being collected;
9. Use of the information;
10. Burden estimate;
11. Nature of response (voluntary, required for a benefit, or mandatory);
12. Nature and extent of confidentiality; and
13. Need to display currently valid OMB control number;
14. 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);
15. It uses effective and efficient statistical survey methodology; and
16. 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:XSheila Ricks-Jordan, Director, Organizational Policy, Planning and Analysis Division, HROA | Date: |

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