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:	2. OMB Control Number:
U.S. Department of Housing and Urban Development	a. 2502-0328 b. None
Office of Single Family Program Development	
3. Type of information collection: (check one)	4. Type of review requested: (check one)
a. New Collection	a. 🔀 Regular
b. 🔀 Revision of a currently approved collection	b Emergency - Approval requested by
c. Extension of a currently approved collection	c. Delegated
 Reinstatement, without change, of previously approved collection for which approval has expired 	 Small entities: Will this information collection have a significant economic impact on a substantial number of small entities?
e. Reinstatement, with change , of previously approved collection for which approval has expired	Yes 🗌 No (Impact of preclosing process MH)
f. Existing collection in use without an OMB control number	 Requested expiration date: a. Three years from approval date b. Other (specify)
For b-f, note item A2 of Supporting Statement instructions.	a. \boxtimes Three years from approval date b. \square 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.

 11. Affected public: (mark primary with "P" and all others that apply with "X") a. P Individuals or households b. X Business or other for-profit f. Federal Government 		 12. Obligation to respond: (mark primary with "P" and all others that apply with "X") a. Voluntary b. P Required to obtain or retain benefits 	
c. Not-for-profit institutions g. State, Local or Tribal Gove	ernment	c. Mandatory	
13. Annual reporting and recordkeeping hour burden: a. Number of respondents 13,5 b. Total annual responses 73,4 Percentage of these responses collected electronically 6 c. Total annual hours requested 46,0 d. Current OMB inventory 40,0 e. Difference (+,-) + 6,0 f. Explanation of difference: 1. Program change:	40 60% 99 31	 14. Annual reporting and recordkeeping cost burden: (in 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 d. Total annual cost requested e. Current OMB inventory f. Explanation of difference: 1. Program change: 2. A divistment of the sector of the	thousands of dollars) \$0.00 \$92,160.00 \$92.160.00 \$0.00 \$0.00
5 S		2. Adjustment: 16. Frequency of recordkeeping or reporting: (check all t a.	3. X Monthly 6. Annually
17. Statistical methods: Does this information collection employ statistical methods? Yes No		cy contact: (person who can best answer questions regardi ission) e: Patricia McBarron	

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:

- (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.

Signature of Program Official:	Date:
× Sheila Ricks-Jordan, Director, Organizational Policy, Planning and Analysis Division, HROA	

2502-0328

Signature of Senior Officer or Designee:	Date:
X	
Collette Pollard, Departmental Reports Management Officer,	
Office of the Chief Information Officer	
OMB-83-I	10/95