

Paperwork Reduction Act Submission

Please read the instruction before completing this form. For additional forms or assistance in completing this form, 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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|---|---|---|------------------------------------|-------------------------------------|--|---|---|--|--|---|----------------------|---|-------------------------------|--|--------------------|---|----------------|------|--|---|-----|-----------------------------|--|------------------------------------|--|--------------------------|--|---------------|--|-------------------------------|--|--------------------|--|----------------|--|
| <p>1. Agency/Sub agency Originating Request: U.S. Department of Housing and Urban Development Office of Public and Indian Housing,</p> | <p>2. OMB Control Number: a. 2577-NEW b. <input type="checkbox"/> None B</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>3. Type of information collection: (check one)</p> <p>a. <input checked="" type="checkbox"/> New Collection</p> <p>b. <input type="checkbox"/> Revision of a currently approved collection</p> <p>c. <input type="checkbox"/> Extension of a currently approved collection</p> <p>d. <input type="checkbox"/> Reinstatement, without change, of previously approved collection for which approval has expired</p> <p>e. <input type="checkbox"/> Reinstatement, with change, of previously approved collection for which approval has expired</p> <p>f. <input type="checkbox"/> Existing collection in use without an OMB control number</p> <p>For b-f, note item A2 of Supporting Statement instructions.</p> | <p>4. Type of review requested: (check one)</p> <p>a. <input type="checkbox"/> Regular</p> <p>b. <input checked="" type="checkbox"/> Emergency - Requested by Linda.K.Bronsdon@HUD.gov</p> <p>c. <input type="checkbox"/> Delegated</p> <p>5. Small entities: Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>6. Requested expiration date: a. <input type="checkbox"/> Three years from approval date b. <input checked="" type="checkbox"/> Other (specify) 90 days per 5 CFR 1320.13(f)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>. Title: Emergency Waivers Reporting (EWR)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>8. Agency form number(s): (if applicable) Form HUD-XXXX</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>9. Keywords: Information Collection Request for: Administrative, Regulatory and Statutory Waivers for COVID-19, presidentially declared Major Disasters Declarations (MDDs) and other potential emergencies.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>10. Abstract: CARES Act provides authority to waive statutes and regulations for COVID-19 response (except for requirements related to fair housing, nondiscrimination, labor standards, and the environment), regular Federal Register notices provide waiver relief for disasters in specific calendar years for areas in a presidentially declared Major Disaster Declaration (MDD), and any future emergency will list specific waivers. From the notice listing specific waivers, a checklist will be created for respondents to note which waivers were subsequently used for reporting compliance.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>11. Affected public: (mark primary with "P" and all others that apply with "X")</p> <p>a. Individuals or households e. Farms</p> <p>b. Business or other-for-profit f. Federal Government</p> <p>c. Not-for-profit institutions g. P State, Local or Tribal Government</p> | <p>12. Obligation to respond: (mark primary with "P" and all others that apply with "X")</p> <p>a. Voluntary</p> <p>b. P Required to obtain or retain benefits</p> <p>c. Mandatory</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>13. Annual reporting and recordkeeping hour burden:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">a. Number of respondents</td> <td style="text-align: right;">5100</td> </tr> <tr> <td>b. Total annual responses</td> <td style="text-align: right;">1</td> </tr> <tr> <td style="padding-left: 20px;">Percentage of these responses collected electronically</td> <td style="text-align: right;">100%</td> </tr> <tr> <td>c. Total annual hours requested</td> <td style="text-align: right;">5100</td> </tr> <tr> <td>d. Current OMB inventory</td> <td style="text-align: right;">0</td> </tr> <tr> <td>e. Difference (+, -)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>f. Explanation of difference:</td> <td></td> </tr> <tr> <td style="padding-left: 20px;">1. Program change:</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="padding-left: 20px;">2. Adjustment:</td> <td style="text-align: right;">5100</td> </tr> </table> | a. Number of respondents | 5100 | b. Total annual responses | 1 | Percentage of these responses collected electronically | 100% | c. Total annual hours requested | 5100 | d. Current OMB inventory | 0 | e. Difference (+, -) | 0 | f. Explanation of difference: | | 1. Program change: | 0 | 2. Adjustment: | 5100 | <p>14. Annual reporting and recordkeeping cost burden: (in thousands of dollars) Do not include costs based on the hours in item 13.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">a. Total annualized capital/startup costs</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td>b. Total annual costs (O&M)</td> <td></td> </tr> <tr> <td>c. Total annualized cost requested</td> <td></td> </tr> <tr> <td>d. Current OMB inventory</td> <td></td> </tr> <tr> <td>e. Difference</td> <td></td> </tr> <tr> <td>f. Explanation of difference:</td> <td></td> </tr> <tr> <td style="padding-left: 20px;">1. Program change:</td> <td></td> </tr> <tr> <td style="padding-left: 20px;">2. Adjustment:</td> <td></td> </tr> </table> | a. Total annualized capital/startup costs | \$0 | b. Total annual costs (O&M) | | c. Total annualized cost requested | | d. Current OMB inventory | | e. Difference | | f. Explanation of difference: | | 1. Program change: | | 2. Adjustment: | |
| a. Number of respondents | 5100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2. Adjustment: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>15. Purpose of Information collection: (mark primary with "P" and all others that apply with "X")</p> <p>a. P Application for benefits e. X Program planning or management</p> <p>b. X Program evaluation f. Research</p> <p>c. General purpose statistics . X Regulatory or compliance</p> <p>d. Audit</p> | <p>16. Frequency of recordkeeping or reporting: (check all that apply)</p> <p>a. <input type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure</p> <p>c. <input checked="" type="checkbox"/> Reporting:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">1. <input type="checkbox"/> On occasion</td> <td style="width: 33%;">2. <input type="checkbox"/> Weekly</td> <td style="width: 33%;">3. <input type="checkbox"/> Monthly</td> </tr> <tr> <td>4. <input type="checkbox"/> Quarterly</td> <td>5. <input type="checkbox"/> Semi-annually</td> <td>6. <input checked="" type="checkbox"/> Annually</td> </tr> <tr> <td>7. <input type="checkbox"/> Biannually</td> <td colspan="2">8. <input type="checkbox"/> Other (describe)</td> </tr> </table> | 1. <input type="checkbox"/> On occasion | 2. <input type="checkbox"/> Weekly | 3. <input type="checkbox"/> Monthly | 4. <input type="checkbox"/> Quarterly | 5. <input type="checkbox"/> Semi-annually | 6. <input checked="" type="checkbox"/> Annually | 7. <input type="checkbox"/> Biannually | 8. <input type="checkbox"/> Other (describe) | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 7. <input type="checkbox"/> Biannually | 8. <input type="checkbox"/> Other (describe) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>17. Statistical methods: Does this information collection employ statistical methods? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>18. Agency contact: (person who can best answer questions regarding the content of this submission) Name: Nick Bilka for Covid-19 and Darren Dorsett for MDDs</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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), appear 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 collect (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: |
| X | |

| | |
|---|-------|
| Signature of Senior Officer or Designee: | Date: |
| X Colette Pollard, Departmental Reports Management Officer, Office of the Chief Information Officer | |

Supporting Statement for Paperwork Reduction Act Submissions

A. Justification

1. **Why is this information necessary? Identify any legal or administrative requirements that necessitate the collection. Attach a copy of the appropriate section of each statute and regulation mandating/authorizing the collection of information.**

To report statutory and regulatory waivers and alternative requirements for Public Housing Agencies (PHAs) pursuant three authorities: to the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) and PIH Notice 2020-05; waivers and relief under the FR-6050-N-04 is: Relief from HUD Public Housing and Section 8 Requirements Available During CY2020 and CY2021 to Public Housing Agencies to Assist with Recovery and Relief Efforts; and any future emergency waiver relief. Each available authority, pursuant to HUD's discretionary authority under section 106 of the Department of Housing and Urban Development Reform Act of 1989 and consistent with 24 CFR 5.110, specific waiver options is the basis for the checklist responses to report which options were subsequently used and their date of implementation.

2. **How is the information collected and how is the information to be used?**

PHAs as respondents report the information once annually in the checklist created by the specific prevailing authority. Upon receipt of the information, HUD analyzes the use of waiver authority to inform responses to future emergencies.”

3. **Describe whether, and to what extent, the collection of information is automated (item 13b1 of OMB form 83-i). If it is not automated, explain why not. Also describe any other efforts to reduce burden.**

Currently, it is anticipated respondents will email the forms to either their respective PIH Field Office or to a mailbox created at HUD Headquarters.

4. **Is this information collected elsewhere? If so, why cannot any similar information already available be used or modified.**

This information is currently not collected elsewhere by HUD. This is a new information collection request for the pending and future emergencies.

5. **Does the collection of information impact small businesses or other small entities (item 5 of OMB form 83-i)? Describe any methods used to minimize burden.**

No small businesses are impacted. This collection impacts PHAs, which includes small PHAs.

6. **Describe the consequence to Federal program or policy activities if the collection is not conducted or is conducted less frequently, as well as any technical or legal obstacles to reducing burden.**

The ability to track this information allows HUD to report to Congress and other stakeholders on how emergency authorities were used. Such information informs responses to future emergencies. Absent this authority, HUD cannot determine how the waiver authority was used.

7. **Explain any special circumstances that would cause an information to be collected in a manner:**

- requiring respondents to report information to the agency more than quarterly. Responses will be once annually Each response to the following circumstances is: Not applicable.
- requiring respondents to prepare a written response to a collection of information in fewer than 30 days after receipt.
- requiring respondents to submit more than an original and two copies of any document; Answer: Not Applicable
- requiring respondents to retain records other than health, medical, government contract, grant-in-aid, or tax records for more than three years.
- in connection with a statistical survey, that is not designed to produce valid and reliable results than can be generalized to the universe of the study.
- requiring the use of statistical data classification that has not been reviewed and approved by OMB.

- that includes a pledge of confidentiality that is not supported by authority established in statute or regulation, that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use;
- requiring respondents to submit proprietary trade secret, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.

8. **Identify the date and page number of the *Federal Register* notice (and provide a copy) soliciting comments on the information. Summarize public comments and describe actions taken by the agency in response to these comments. Describe all efforts to consult with persons outside the agency to obtain them. (TO BE ADDED)**

9. **Explain any payments or gifts to respondents, other than remuneration of contractors or grantees.**
No payments or gifts to respondents are provided.

10. **Describe any assurance of confidentiality provided to respondents and the basis for assurance in statute, regulation, or agency policy.**

No confidential information is required.

11. **Justify any questions of a sensitive nature, such as sexual, religious beliefs, and other matters that are commonly considered private.**

There are no such questions.

12. Estimate public burden: number of respondents, frequency of response, annual hour burden. Read the complete instructions on the form 83i. Explain how the burden was estimated. Generally, estimates should not include burden hours for customary and usual business practices. Provide a table to describe the elements of the burden. Break out each form used.
- if this collection uses more than one form, provide separate estimates for each form, and aggregate the hour burdens in item 13 of OMB Form 83i: and
 - provide estimates of annualized cost to respondents for the hour burdens for collections of information, identifying and using appropriate wage rate categories.
 - The cost of contracting out or paying outside parties for information collection activities should not be included here. Instead this cost should be included in Item 13.
13. Estimate of the annual cost to respondents or recordkeepers (do not include the cost of hour burden shown in Items 12 and 14). Read the complete instructions on the form 83i.

| Information Collection | Number of Respondents | Frequency of Response | Responses Per Annum | Burden Hour Per Response | Annual Burden Hours | Hourly Cost | Total Annual Cost |
|------------------------|-----------------------|-----------------------|---------------------|--------------------------|---------------------|-------------|-------------------|
| COVID | 3800 | 1 | 3800 | 1 | 3800 | 36.86 | 140,068 |
| MDD | 300 | 1 | 300 | 1 | 300 | 36.86 | 11,058 |
| Future Emergencies | 1000 | 1 | 1000 | 1 | 1000 | 36.86 | 36,860 |
| TOTAL | 5,100 | | | | | | 187,986 |

14. Estimate annualized costs to the Federal government.

| HUD Staff Review of PHA Submissions | | | |
|-------------------------------------|--------------------|-------------------|--------------------|
| GS-13 Step 1 Hourly Salary | Hours per Response | Total Submissions | Total Federal Cost |
| \$ 36.86 | .5 | 5,100 | \$93,993 |

15. Explain any program changes or adjustments reported in items 13 and 14 of the OMB Form 83i. This is an estimate of the new time required to respond to the added data fields.
16. If the information will be published, outline plans for tabulation and publication. HUD plans to publish this information once following each emergency.
17. Explain any request to not display the expiration date. Expiration date will be displayed.
18. Explain each exception to the certification statement identified in item 19.

B. Collections of Information Employing Statistical Methods