

January 26, 2018

## Supporting Statement for Paperwork Reduction Act Submissions

**OMB Control Number: 1660 - 0138**

**Title: Direct Housing Program Forms**

**Form Number(s):**

- a) FEMA Form 009-0-129, Ready for Occupancy Status
- b) FEMA Form 009-0-131, Sales Calculation Worksheet
- c) FEMA Form 009-0-134, Disaster Assistance Recertification Worksheet
- d) FEMA Form 009-0-135, Temporary Housing Agreement
- e) FEMA Form 009-0-137, Unit Pad Requirements – Information Checklist

### General Instructions

A Supporting Statement, including the text of the notice to the public required by 5 CFR 1320.5(a)(i)(iv) and its actual or estimated date of publication in the Federal Register, must accompany each request for approval of a collection of information. The Supporting Statement must be prepared in the format described below, and must contain the information specified in Section A below. If an item is not applicable, provide a brief explanation. When Item 17 or the OMB Form 83-I is checked “Yes”, Section B of the Supporting Statement must be completed. OMB reserves the right to require the submission of additional information with respect to any request for approval.

### Specific Instructions

#### A. Justification

**1. Explain the circumstances that make the collection of 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 or authorizing the collection of information. Provide a detailed description of the nature and source of the information to be collected.**

The Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C § 5174, as amended by the Disaster Mitigation Act of 2000, authorizes the President to provide temporary housing units, including manufactured housing units, recreational vehicles and other readily fabricated dwellings to eligible applicants who, as a direct result of a major

disaster or emergency, are unable to occupy their primary residence or obtain adequate alternate housing, and therefore require temporary housing. Requirements for disaster-related housing needs of individuals and households who are eligible for temporary housing assistance may be found in Title 44 CFR § 206.117 – Housing Assistance. The information collected is used to determine the feasibility of a potential site for placement of temporary housing to ensure the THU is ready for applicant occupancy, and to confirm applicant understanding of the requirements of occupancy of the THUs. The information will also provide FEMA with access to place the temporary housing unit, to document the installation and maintenance of the unit, and to retrieve it at the end of its use.

**2. Indicate how, by whom, and for what purpose the information is to be used. Except for a new collection, indicate the actual use the agency has made of the information received from the current collection. Provide a detailed description of: how the information will be shared, if applicable, and for what programmatic purpose.**

- a. **FEMA Form 009-0-129, Ready for Occupancy**, is used as a checklist to document the condition of the temporary housing unit (THU) before disaster survivor occupancy, and ensures FEMA has completed the necessary steps for the occupancy to begin. The form captures the condition of both exterior and interior fixtures and utilities, to include the placing/securing of the THU, and confirmation that the unit is clean and ready. The conditions are confirmed by both contractor certification and the FEMA Monitor.
- b. **FEMA Form 009-0-131, Sales Calculator**, is used to advise the FEMA Individual Assistance applicants of the requirements for final sale of the unit if FEMA offers a sale program for its temporary housing units as part of its direct housing program. The form includes a calculator to determine the adjusted fair market value of the manufactured housing unit (MHU), a worksheet to determine the IHP Settlement Payment amount, and a calculator to determine the final adjusted sale price of the MHU when the Sales Program has been activated. The final adjusted sale price calculator captures the applicant's income, assets, the fair market value, and the IHP Settlement Payment amount. The form includes an applicant Acknowledgement of Conditions of Sale, which is then used to execute FEMA's sale of the MHU.
- c. **FEMA Form 009-0-134, Recertification Worksheet**, is used to record a FEMA Individual Assistance applicant's compliance with requirements for direct temporary housing assistance. After the applicant moves into a THU, FEMA representatives will meet with them on a regular basis and will use this form to document the occupant's efforts to establish a permanent housing plan (PHP), and their continued progress toward achieving the plan. The form captures pre-disaster and post-disaster income of all members of the household over 18, rental resources, the approval or denial recertification determination and reason for the determination, and a repair progress checklist indicating the status of any repairs that were needed to the damaged dwelling.

- d. **FEMA Form 009-0-135, Temporary Housing Agreement**, requires FEMA Individual Assistance applicants to sign a lease with the property owner and a temporary housing agreement with FEMA in order to occupy the THU they are provided. The form outlines the terms of occupancy, the necessity of the applicant to continue meeting FEMA's eligibility requirements and cooperating with FEMA representatives, and the terms of potential termination of Multi-Family Lease and Repair and Direct Lease assistance. The applicant acknowledges the agreement will automatically expire 18 months from the date of the President's declaration of a major disaster or emergency, or at the end of any extension to the 18-month period of assistance granted.
- e. **FEMA Form 009-0-137, Unit Pad Requirements - Information Checklist**, is used to gather information from potential park owners/managers on their available pads for placement of temporary housing units. The intention of this form is to emphasize the requirements important to FEMA, i.e. the ability to provide and maintain utility connections, to keep the premises in good repair, and to not discriminate against any of the applicants or prospective applicants referred by FEMA for occupancy. This form does not serve as a lease.

**3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses, and the basis for the decision for adopting this means of collection. Also describe any consideration of using information technology to reduce burden.**

The forms are available for download and use by the contractors via the FEMA Intranet at <https://intranet.fema.net/org/ms/ocao/IMD/orm/Pages/Forms.aspx>. The forms must be completed via paper because they require original signatures. The fiscal environment makes hardware acquisition and software development for in-person electronic signature difficult, therefore using downloadable online forms is an economically viable alternative. FEMA will continue to use paper forms to collect this information.

**4. Describe efforts to identify duplication. Show specifically why any similar information already available cannot be used or modified for use for the purposes described in Item 2 above.**

This information is not collected on any other form, and therefore is not duplicated elsewhere.

**5. If the collection of information impacts small businesses or other small entities (Item 5 of OMB Form 83-I), describe any methods used to minimize.**

This information collection does not have any impact on small business or any other small entities.

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

If the collection of this information did not occur, FEMA would not be able to provide temporary housing to those affected by major disasters or emergencies as required.

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

**(a) Requiring respondents to report information to the agency more often than quarterly.**

There is no requirement to report information more often than quarterly.

**(b) Requiring respondents to prepare a written response to a collection of information in fewer than 30 days after receipt of it.**

There is no requirement to provide a written response in fewer than 30 days.

**(c) Requiring respondents to submit more than an original and two copies of any document.**

There is no requirement for respondents to submit more than an original and two copies of any document.

**(d) Requiring respondents to retain records, other than health, medical, government contract, grant-in-aid, or tax records for more than three years.**

FEMA does not require respondents to retain records for more than three years.

**(e) In connection with a statistical survey, that is not designed to produce valid and reliable results that can be generalized to the universe of study.**

There is no statistical survey involved with this information collection.

**(f) Requiring the use of a statistical data classification that has not been reviewed and approved by OMB.**

There is no use of statistical data classification involved with this information collection.

**(g) 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.**

There is no pledge of confidentiality that is not supported by authority established in statute or regulation necessary for this information collection.

**(h) 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.**

There is no requirement for respondents to submit proprietary trade secrets or other confidential information for this information collection.

## **8. Federal Register Notice:**

**a. Provide a copy and identify the date and page number of publication in the Federal Register of the agency's notice soliciting comments on the information collection prior to submission to OMB. Summarize public comments received in response to that notice and describe actions taken by the agency in response to these comments. Specifically address comments received on cost and hour burden.**

A 60-day Federal Register Notice inviting public comments was published on [March 27, 2018 83 FR 13140](#). **One unrelated was received however, no related comments were received.**

A 30-day Federal Register Notice inviting public comments was published on [June 15, 2018, 83 FR 28006](#). **---No comments were received.**

**b. Describe efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, the clarity of instructions and recordkeeping, disclosure, or reporting format (if any), and on the data elements to be recorded, disclosed, or reported.**

There are no consultations with persons outside the agency on this collection. The process of inspecting a site for placement of a temporary housing unit is as simplified as possible to determine that the infrastructure is in place and that FEMA can place and remove the unit.

**c. Describe consultations with representatives of those from whom information is to be obtained or those who must compile records. Consultation should occur at least once every three years, even if the collection of information activities is the same as in prior periods. There may be circumstances that may preclude consultation in a specific situation. These circumstances should be explained.**

Individuals are generally in direct contact with FEMA at the time of the site inspection and can provide any comments or concerns to the inspector. If the individual is not able to be at the site at the time of the inspection, the inspector leaves a card with contact information for any follow-up, if necessary. Questions or comments are specific to the individual's own unique inspection and are resolved directly with the individual. Also, when the individual is notified that there will be a unit assigned to them, any questions or comments received are resolved at that point.

**9. Explain any decision to provide any payment or gift to respondents, other than remuneration of contractors or grantees.**

FEMA does not provide any payments or gifts to respondents in exchange for a benefit sought.

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

A Privacy Threshold Analysis (PTA) was approved for each form in this collection on December 15, 2017. The DHS Privacy Office determined that FEMA Form 009-0-129 did not require Privacy Impact Assessment (PIA) or System of Records Notice (SORN) coverage. The DHS Privacy Office determined that FEMA Forms 009-0-131, 009-0-134, 009-0-135, and 009-0-137 required PIA and SORN coverage. Those forms are covered by DHS/FEMA/PIA-049 Individual Assistance Program (January 11, 2018) and DHS/FEMA – 008 Disaster Recovery Assistance Files, 78 Fed. Reg. 25,282 (April 30, 2013).

**11. Provide additional justification for any question of a sensitive nature (such as sexual behavior and attitudes, religious beliefs and other matters that are commonly considered private). This justification should include the reasons why the agency considers the questions necessary, the specific uses to be made of the information, the explanation to be given to persons from whom the information is requested, and any steps to be taken to obtain their consent.**

There are no questions of a sensitive nature in this information collection.

**12. Provide estimates of the hour burden of the collection of information. The statement should:**

**a. Indicate the number of respondents, frequency of response, annual hour burden, and an explanation of how the burden was estimated for each collection instrument (separately list each instrument and describe information as requested). Unless directed to do so, agencies should not conduct special surveys to obtain information on which to base hour burden estimates. Consultation with a sample**

**(fewer than 10) of potential respondents is desired. If the hour burden on respondents is expected to vary widely because of differences in activity, size, or complexity, show the range of estimated hour burden, and explain the reasons for the variance. Generally, estimates should not include burden hours for customary and usual business practices.**

See response below under “b” (more than one form in this collection).

**b. If this request for approval covers more than one form, provide separate hour burden estimates for each form and aggregate the hour burdens in Item 13 of OMB Form 83-I.**

- It is estimated that 5,000 individuals will complete **FEMA Form 009-0-129**. Each individual will complete only one form and it is estimated that each form requires 20 minutes to complete. The total annual hour burden for this form is  $5,000 \times 20 \text{ minutes} (.3333 \text{ hour}) = 1,667 \text{ hours}$ .
- It is estimated that 5,000 individuals will complete **FEMA Form 009-0-131**. Each individual will complete only one form and it is estimated that each form requires 30 minutes to complete. The total annual hour burden for this form is  $5,000 \times 30 \text{ minutes} (.5 \text{ hour}) = 2,500 \text{ hours}$ .
- It is estimated that 5,000 individuals will complete **FEMA Form 009-0-134**. Each individual will complete only one form and it is estimated that each form requires 20 minutes to complete. The total annual hour burden for this form is  $5,000 \times 20 \text{ minutes} (.3333 \text{ hour}) = 1,667 \text{ hours}$ .
- It is estimated that 5,000 individuals will complete **FEMA Form 009-0-135**. Each individual will complete only one form and it is estimated that each form requires 15 minutes to complete. The total annual hour burden for this form is  $5,000 \times 15 \text{ minutes} (.25 \text{ hour}) = 1,250 \text{ hours}$ .
- It is estimated that 5,000 individuals will complete **FEMA Form 009-0-137**. Each individual will complete only one form and it is estimated that each form requires 10 minutes to complete. The total annual hour burden for this form is  $5,000 \times 10 \text{ minutes} (.1667 \text{ hour}) = 833 \text{ hours}$ .

**c. Provide an estimate of annualized cost to respondents for the hour burdens for collections of information, identifying and using appropriate wage rate categories. NOTE: The wage-rate category for each respondent must be multiplied by 1.4 and this total should be entered in the cell for “Avg. Hourly Wage Rate”. The cost to the respondents 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.**

Type of Respondent	Form Name/ Form Number	No. of Respondents	No. of Responses per Respondent	Total No. of Responses	Avg Burden per Response (in hours)	Total Annual Burden (in hours)	Avg Hourly Wage Rate	Total Annual Respondent Cost
Businesses or other for-profit entities	FEMA Form 009-0-129	5,000	1	5,000	0.3333	1667	\$52.69	\$87,834.23
Individuals and Households	FEMA Form 009-0-131	5,000	1	5,000	0.5	2,500	\$34.84	\$87,100
Individuals and Households	FEMA Form 009-0-134	5,000	1	5,000	0.3333	1667	\$34.84	\$58,078.28
Individuals and Households	FEMA Form 009-0-135	5,000	1	5,000	0.25	1250	\$34.84	\$43,550
Businesses or other for-profit entities	FEMA Form 009-0-137	5,000	1	5,000	0.1667	833	\$52.69	\$43,890.77
Total		25,000		25,000		7917		\$320,453.28

Note: The "Avg. Hourly Wage Rate" for each respondent includes a 1.46 multiplier to reflect a fully-loaded wage rate.

"Type of Respondent" should be entered exactly as chosen in Question 3 of the OMB Form 83-I

**Instruction for Wage-rate category multiplier: Take each non-loaded "Avg. Hourly Wage Rate" from the BLS website table and multiply that number by 1.46. For example, a non-loaded BLS table wage rate of \$42.51 would be multiplied by 1.46, and the entry for the "Avg. Hourly Wage Rate" would be \$62.06. Round to the nearest cent following standard rounding rules (0-4 round down and 5-9 round up).**

- According to the U.S. Department of Labor, Bureau of Labor Statistics website ([www.bls.gov](http://www.bls.gov)) the wage rate category for **All Occupations** in the **Occupational Employment and Wages, May 2016 report** is estimated to be **\$34.84** (23.86 x 1.46) per hour including the wage rate multiplier, therefore, the estimated burden hour cost to respondents (**Individuals and Households**) is estimated to be **\$188,728.28** annually.
- According to the U.S. Department of Labor, Bureau of Labor Statistics website ([www.bls.gov](http://www.bls.gov)) the wage rate category for **Business and Financial Operations Occupations** in the **Occupational Employment and Wages, May 2016 report** is estimated to be **\$52.69** (36.09 x 1.46) per hour including the wage rate multiplier, therefore, the estimated burden hour cost to respondents (**Business or other for-profit**) is estimated to be **\$131,725.00** annually.



The total estimated burden hour cost to respondents is estimated to be \$320,453.28 annually.

**13. Provide an estimate of the total annual cost burden to respondents or recordkeepers resulting from the collection of information. The cost of purchasing or contracting out information collection services should be a part of this cost burden estimate. (Do not include the cost of any hour burden shown in Items 12 and 14.)**

The cost estimates should be split into two components:

**a. Operation and Maintenance and purchase of services component. These estimates should take into account cost associated with generating, maintaining, and disclosing or providing information. Include descriptions of methods used to estimate major cost factors including system and technology acquisition, expected useful life of capital equipment, the discount rate(s), and the time period over which costs will be incurred.**

There are no annual operation or maintenance costs associated with this collection.

**b. Capital and Start-up-Cost should include, among other items, preparations for collecting information such as purchasing computers and software, monitoring sampling, drilling and testing equipment, and record storage facilities.**

There are no annual capital or start-up costs associated with this collection

<b>Annual Cost Burden to Respondents or Record Keepers</b>				
<b>Data Collection Activity/Instrument</b>	<b>*Annual Capital Start-Up Cost (investments in overhead, equipment, and other one-time expenditures)</b>	<b>*Annual Operations and Maintenance Cost (such as recordkeeping, technical/professional services, etc.)</b>	<b>Annual Non-Labor Cost (expenditures on training, travel and other resources)</b>	<b>Total Annual Cost to Respondents</b>
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
<b>Total</b>	\$ -	\$ -	\$ -	\$ -

**14. Provide estimates of annualized cost to the federal government. Also, provide a description of the method used to estimate cost, which should include quantification of hours, operational expenses (such as equipment, overhead, printing and support staff), and any other expense that would have been incurred without this collection**

**of information. You may also aggregate cost estimates for Items 12, 13, and 14 in a single table.**

<b>Annual Cost to the Federal Government</b>	
<b>Item</b>	<b>Cost (\$)</b>
Contract Costs [Describe]	
Staff Salaries* 30 Band 2 (maximum rate) Disaster Assistance Reservist employees spending approximately 100% of time annually performing site inspections and approving sites for unit installation for the data collection. [\$20.19/hr x 2080 hrs = \$41,995.20; \$41,995.20 x 1.46 = \$61,313 x 30 = \$1,839,390]	\$1,839,390
Facilities [cost for renting, overhead, etc. for data collection activity]	
Computer Hardware and Software [estimated annual cost for 30 FEMA workstations @ \$204]	\$6,120.00
Equipment Maintenance [cost of annual maintenance/service agreements for equipment]	
Travel - 30 airline tickets @ \$900 round trip x 6 = \$162,000; car rentals @ \$1000 per month x 30x6 = \$180,000; hotels 30 x 30 nights x 6 @ \$150 per night = \$810,000	\$1,152,000.00
<b>Total</b>	<b>\$ 2,997,510.00</b>

\* Note: The "Salary Rate" includes a 1.46 multiplier to reflect a fully-loaded wage rate.  
 Federal Working year is 2,080 hours. <https://www.opm.gov/policy-data-oversight/pay-leave/pay-administration/fact-sheets/computing-hourly-rates-of-pay-using-the-2087-hour-divisor/>

**15. Explain the reasons for any program changes or adjustments reported in Items 13 or 14 of the OMB Form 83-I in a narrative form. Present the itemized changes in hour burden and cost burden according to program changes or adjustments in Table 5. Denote a program increase as a positive number, and a program decrease as a negative number.**

*A "Program increase" is an additional burden resulting from an federal government regulatory action or directive. (e.g., an increase in sample size or coverage, amount of information, reporting frequency, or expanded use of an existing form). This also includes previously in-use and unapproved information collections discovered during the ICB process, or during the fiscal year, which will be in use during the next fiscal year.*

*A "Program decrease", is a reduction in burden because of: (1) the discontinuation of an information collection; or (2) a change in an existing information collection by a Federal agency (e.g., the use of sampling (or smaller samples), a decrease in the amount of information requested (fewer questions), or a decrease in reporting frequency).*

*"Adjustment" denotes a change in burden hours due to factors over which the government has no control, such as population growth, or in factors which do not affect what information the government collects or changes in the methods used to estimate burden or correction of errors in burden estimates.*

Itemized Changes in Annual		
Data Collection	Program Change (hours currently on	Program

**Explain:** There are no changes to the data collected or the burden hours for this collection.

Itemized Changes in Annual Cost Burden						
Data Collection Activity/Instrument	Program Change (hours currently on OMB Inventory)	Program Change (New)	Difference	Adjustment (hours currently on OMB Inventory)	Adjustment (New)	Difference
FF 009-0-129			\$ -	\$ 79,682.60	\$ 87,834.23	\$ 8,151.63
FF 009-0-131			\$ -	\$ 78,150.00	\$ 87,100.00	\$ 8,950.00
FF 009-0-134			\$ -	\$ 52,110.42	\$ 58,078.28	\$ 5,967.86
FF 009-0-135			\$ -	\$ 39,075.00	\$ 43,550.00	\$ 4,475.00
FF 009-0-137			\$ -	\$ 39,817.40	\$ 43,890.77	\$ 4,073.37
<b>Total</b>	\$ -	\$ -	\$ -	\$ 288,835.42	\$ 320,453.28	\$ 31,617.86

**Explain:** The difference between the previously approved cost burden and the new cost burden is due to the higher average wage rates on the U.S. Department of Labor, Bureau of Labor Statistics ([www.bls.gov](http://www.bls.gov)) for the respective respondent occupations, which is beyond the control of agency.

**16. For collections of information whose results will be published, outline plans for tabulation and publication. Address any complex analytical techniques that will be used. Provide the time schedule for the entire project, including beginning and ending dates of the collection of information, completion of report, publication dates, and other actions.**

There are no outline plans for tabulation and publication of data for this information collection.

**17. If seeking approval not to display the expiration date for OMB approval of the information collection, explain reasons that display would be inappropriate.**

This collection does not seek approval to not display the expiration date for OMB approval.

**18. Explain each exception to the certification statement identified in Item 19  
“Certification for Paperwork Reduction Act Submissions,” of OMB Form 83-I.**

This collection does not seek exception to “Certification for Paperwork Reduction Act Submissions”. This collection does not use efficient statistical survey methodology or use of information technology. Statistical Survey methodology "is not applicable"  
Question #3 in the supporting statement justifies the non-use of information technology.