

**PAPERWORK REDUCTION ACT
CHANGE WORKSHEET**

Agency/Subagency U.S. Department of Housing and Urban Development Office of Housing, Office of Multifamily Housing Programs		OMB Control Numbers: 2502-0619 Exp. Date: 01/31/21
<i>If there are no changes in the categories below such as burden hours, respondents or record-keeping, please state N/A in the new column boxes.</i>		
<i>Enter only items that change</i>		<i>New record</i>
Agency form number(s) HUD-52671-E	N/A	Added a check-box field: "Operating Period for Which Reimbursement is Requested"
Annual reporting and recordkeeping hour burden		
Number of respondents		N/A
Total annual responses		N/A
Percent of these responses collected electronically		N/A
Total annual hours		N/A
Difference		N/A
Explanation of difference		N/A
Program change		N/A
Adjustment		N/A
Annual reporting and recordkeeping cost burden (in thousands of dollars)		
Total annualized Capital/Startup costs	0	N/A
Total annual costs (O&M)	0	N/A
Total annualized cost requested	0	N/A
Difference		N/A
Explanation of difference		N/A
Program change		N/A
Adjustment		N/A
Other Changes/Justification Statement:		
In order to serve its clients better, HUD has made the following non-material change: HUD will issue a new Housing Notice (publication date estimated for November 6, 2020) to announce continued available of funds for COVID-19 Supplemental Payments. The notice includes minor clarifying updates to the eligibility criteria. The form used to request assistance – HUD 52671-E -- must be modified slightly to reflect the new notice identifier (i.e. H-2020-XX) and to allow owners to indicate the period-of-time during which expenses were incurred. Dates referenced in the owner certification were also updated. No change in burden hours is anticipated for individual completion of the form. The volume of submissions from the initial round of requests in August 2020 were relatively low, so cumulative annual burden hours associated with the form is also unchanged from the July 2020 estimate.		
Signature of Senior Official or designee:	Date:	For OIRA Use _____ _____

**This form cannot be used to extend an expiration date.
OMB FORM 83-C