

# 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.

<p>1. Agency/Subagency Originating Request:  <b>U.S. Department of Housing and Urban Development</b>                  Office of Public and Indian Housing, Office of Public Housing and Voucher Programs</p>		<p>2. OMB Control Number:                  a. <b>2577-0280</b>      b. <input type="checkbox"/> None</p>																																			
<p>3. Type of information collection: (check one)</p> <p>a. <input type="checkbox"/> New Collection</p> <p>b. <input type="checkbox"/> Revision of a currently approved collection</p> <p>c. <input checked="" type="checkbox"/> Extension of a currently approved collection</p> <p>d. <input type="checkbox"/> Reinstatement, <b>without change</b>, of previously approved collection for which approval has expired</p> <p>e. <input type="checkbox"/> Reinstatement, <b>with change</b>, 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 checked="" type="checkbox"/> Regular</p> <p>b. <input type="checkbox"/> Emergency - Approval requested by</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 checked="" type="checkbox"/> Three years from approval date    b. <input type="checkbox"/> Other (specify)</p>																																			
<p>7. Title:  <b>Transfer and Consolidation of Public Housing Programs</b></p>																																					
<p>8. Agency form number(s): (if applicable)                  None</p>																																					
<p>9. Keywords:                  Public Housing, Transfer, Consolidation, Public Housing Agency, Housing Authority</p>																																					
<p>10. Abstract:                  Public Housing Agencies (PHAs) may transfer all or part of their public housing to another PHA. Two or more PHAs may consolidate into one PHA. HUD must ensure that it can properly account for subsidy awards by requiring that transfer and consolidation activity be reported.</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. <input checked="" type="checkbox"/> Not-for-profit institutions      g. <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> 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: 80%;">a. Number of respondents</td> <td style="text-align: right;">2,857</td> </tr> <tr> <td>b. Total annual responses</td> <td style="text-align: right;">10</td> </tr> <tr> <td>    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;">1520</td> </tr> <tr> <td>d. Current OMB inventory</td> <td style="text-align: right;">1520</td> </tr> <tr> <td>e. Difference (+,-)</td> <td></td> </tr> <tr> <td>f. Explanation of difference:</td> <td></td> </tr> <tr> <td>    1. Program change:</td> <td></td> </tr> <tr> <td>    2. Adjustment:</td> <td></td> </tr> </table>		a. Number of respondents	2,857	b. Total annual responses	10	Percentage of these responses collected electronically	100%	c. Total annual hours requested	1520	d. Current OMB inventory	1520	e. Difference (+,-)		f. Explanation of difference:		1. Program change:		2. Adjustment:		<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: 80%;">a. Total annualized capital/startup costs</td> <td style="text-align: right;">Not Applicable</td> </tr> <tr> <td>b. Total annual costs (O&amp;M)</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>c. Total annualized cost requested</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>d. Total annual cost requested</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>e. Current OMB inventory</td> <td style="text-align: right;">0</td> </tr> <tr> <td>f. Explanation of difference:</td> <td></td> </tr> <tr> <td>    1. Program change:</td> <td></td> </tr> <tr> <td>    2. Adjustment:</td> <td></td> </tr> </table>		a. Total annualized capital/startup costs	Not Applicable	b. Total annual costs (O&M)	\$0.00	c. Total annualized cost requested	\$0.00	d. Total annual cost requested	\$0.00	e. Current OMB inventory	0	f. Explanation of difference:		1. Program change:		2. Adjustment:	
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<p>15. Purpose of Information collection: (mark primary with "P" and all others that apply with "X")</p> <p>a. <input checked="" type="checkbox"/> Application for benefits      e. <input checked="" type="checkbox"/> Program planning or management</p> <p>b. Program evaluation      f. Research</p> <p>c. General purpose statistics      g. <input checked="" type="checkbox"/> 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 checked="" 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 type="checkbox"/> Annually</td> </tr> <tr> <td>7. <input type="checkbox"/> Biennially</td> <td colspan="2">8. <input type="checkbox"/> Other (describe)</td> </tr> </table>		1. <input checked="" 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 type="checkbox"/> Annually	7. <input type="checkbox"/> Biennially	8. <input type="checkbox"/> Other (describe)																										
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<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: <b>Monica Shepherd</b>                  Phone: (202) 402-5687</p>																																			

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## 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 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.

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Signature of Program Official:

Date:

Danielle L. Bastarache, Deputy Assistant Secretary, Office of Public Housing and Voucher Program

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Signature of Senior Officer or Designee:

Date:

Colette Pollard, Departmental Records Management Officer,  
Office of the Chief Information Officer

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# Supporting Statement for Paperwork Reduction Act Submissions

## A. Justification

1. Public housing agencies (PHAs) are state-chartered entities, authorized for Federal funding by Section 3 of the United States Housing Act of 1937 (“the Act,” 42 USC 1437f). Federal funding for the public housing program is authorized by Section 9 of the Act. A State, or other properly delegated local authority, such as a city, county, or parish, may periodically act to turn the public housing of one PHA over to another PHA or act to combine two or more PHAs into one, multijurisdictional PHA. HUD must be informed in order to (1) perfect its security interest in the public housing, (2) insure the continued use of the housing as public housing, and (3) guarantee that Federal funding is paid to the proper PHA on behalf of the public housing actually owned by the PHA.
2. HUD will use the data collected to execute as necessary a new Annual Contributions Contract with a consolidated PHA; ensure that proper Declarations of Trust, vesting the Secretary with an interest in each public housing property, are executed. HUD will modify its funding data systems so that subsequent fund awards are made to the proper PHA.
3. The requested data is transmitted to HUD both in paper form and electronically. Paper submissions are necessary because of the nature of the transaction, transfer of ownership in real property, in which most jurisdictions require original signatures on various instruments, including deeds of trust, quitclaims, assignments of beneficial interest, declarations of title, and so forth. Further, HUD’s Annual Contributions Contract and Declaration of Trust require original signatures. PHAs will make the necessary changes to public housing project and tenant records in HUD’s on-line data systems to tie basic project information, occupancy, fiscal data, and physical condition data to the proper PHA.
4. There will be no duplication of information. There is no similar information already available that could be used or modified.
5. There is no significant impact on small businesses or other small entities by this collection.
6. If the information is not collected at the point of transaction, HUD may not be able to pay Operating Fund or Capital Fund subsidies to support the continued operation of public housing properties. Without this funding, public housing agencies may not be able to purchase utilities or other services basic to the operation of multiple dwelling housing enterprises.
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;  
**Not Applicable**
  - requiring respondents to prepare a written response to a collection of information in fewer than 30 days after receipt of it;  
**Not Applicable**
  - requiring respondents to submit more than an original and two copies of any document;  
**Not Applicable**
  - requiring respondents to retain records other than health, medical, government contract, grant-in-aid, or tax records for more than three years;  
**Not Applicable**
  - 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;  
**Not Applicable**
  - requiring the use of statistical data classification that has not been reviewed and approved by OMB;  
**Not Applicable**

- 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; or  
**Not Applicable**
- 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.  
**Not Applicable**

- The Department last published a Notice of Proposed Information Collection for Public in the *Federal Register*, Volume 86, No. 1, on January 4, 2021. The public was given until March 4, 2021, to submit comments on the proposal. The Department received no comments on that proposed collection.
- No payments or gifts are provided.
- Almost all documents in this information collection are public documents, either recorded with units of local government, States, or HUD. Financial and banking documents which list account numbers, any bank or business enterprise account balances, are maintained confidentially in accordance with the HUD standards.

The information collection is public information; therefore, there is no assurance of confidentiality.

- No such questions are asked.
- There are 2,857 PHAs operating public housing programs. Based on current experience, HUD estimates that there will be more or less five (5) transfers or consolidations combined in any given calendar year. In each transaction, HUD estimates there will be two participant PHAs (consolidations of more than two PHAs are exceedingly rare) with the receiving PHA (in the case of a transfer) or the consolidated PHA (in the case of a consolidation) will assume the larger proportion of the information submission requirements. The estimation of burden hours, therefore, is per transaction, assuming two respondents per transaction for an average-sized PHA (350 units). Number of Respondents (10) x Frequency of Response (1) x Estimated Number of Hours per Response (20) = 200 hours. The burden for a transfer of public housing is slightly less, estimated at 120 hours per response.

The hourly cost is calculated using data from ziprecruiter.com for Public Housing Authorities, (<https://www.ziprecruiter.com/Salaries/Public-Housing-Authority-Salary>) with an hourly rate calculated at \$24/hour. (Computed Hourly Rates of Pay Using the 2,087-Hour Divisor, <https://www.opm.gov/policy-data-oversight/pay-leave/pay-administration/fact-sheets/computing-hourly-rates-of-pay-using-the-2087-hour-divisor/>).

Information Collection	Number of Respondents	Average Number of Responses per Respondent	Total Annual Responses	Burden Hours/Minutes per Response	Total Hours	Hourly Cost	Total Annual Cost
Transfer of public housing (3 expected)	6	1	6	120	720	\$24.00	\$17,280
Consolidation of public housing (2 expected)	4	1	4	200	800	\$24.00	\$19,200

**Total: 10**

**Total Responses: 10**

**Total Hours: 1,520**

The frequency shown assumes that the receiving or consolidated PHA makes one submission for all other PHAs involved in either the transfer or consolidation.

13. There are no additional costs to respondents.

14. The estimated annualized costs to the federal government, based on a GS-13, Step 1 rate (2020 base pay) are provided below. A GS-13 Step 1 rate is the average salary for a Field Office Analyst/Manager.

<b>Total Estimated Annual Costs to the Federal Government</b>						
	Number of Respondents	Total Burden Hours	X	Hourly Rate	=	Annualized Cost
<b>PHA Submissions</b>	10	2,250		\$37.70*		\$84,825

\* Hourly cost for response assuming a GS-13, Step 1 (\$78,681), Analyst or Manager; hourly rate is \$37.70.

15. There are no changes or adjustments.

16. None of the information collected will be published.

17. The expiration date will be displayed.

18. There are no exceptions.

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**B. Collections of Information Employing Statistical Methods**

Not applicable.