**Narrative of Changes Table**

*The purpose of the Narrative of Changes Table is to demonstrate changes to a collection since the previous approval.*

Collection Title: Direct Housing Assistance Forms

OMB Control No.: 1660-0138

Current Expiration Date: 12/31/2021

Collection Instrument(s): 009-0-137: Commercial Park Unit Pad Requirements – Information Checklist

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| --- | --- | --- | --- |
| **Location** | **Current version** | Proposed Revision | Justification |
| **Page 1 – Form Title** | **UNIT PAD REQUIREMENTS - INFORMATION CHECKLIST** | **COMMERCIAL PARK UNIT PAD REQUIREMENTS - INFORMATION CHECKLIST**  | Expanding form name for clarity. |
| **Page 1 – PAPERWORK BURDEN DISCLOSURE NOTICE,****Last sentence** | Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Home0138. **Please do not send your completed form to the above address.**   | Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC, 20472, Paperwork Reduction Project (1660-0138). **Please do not send your completed form to the above address.**   | Updated comments address. |
| **Page 1 – Privacy Act Statement – PRINCIPLE PURPOSE(S)** | This information is being collected for the primary purpose of advising FEMA Individual Assistance applicants of the requirements to occupy temporary housing units, of the requirements for final sales of the unit if FEMA offers a sale program for its temporary housing as part of its direct housing program under a Presidentially-declared disaster. | This information is being collected for the primary purpose of advising property owners of commercial parks of the pad requirements for the installation of transportable temporary housing units (TTHUs) as a part of FEMA’s direct temporary housing assistance under a Presidentially-declared disaster.  | Updated the purpose to be specific to this form. |
| **Page 1 – Site Address** | (Street, City, State, Zip code, Temp. Housing Unit Pad Number(s). Attach map and detailed directions if rural route). | (Park Name, Street, City, State, Zip code, Pad Number(s). Attach map and detailed directions if rural route). | Wording adjusted |
| **Page 1 – 3 Description of Pad Premises:** | Number of Available Pads\_\_\_\_\_\_\_\_\_\_Number of Feasible Available PadsRoom for expansion (dimensions)Yes No | Number of Available Pads: placed in columnNumber of Feasible Available Pads: placed in columnRoom for Expansion: placed in columnYes No  | Updated to rearrange graphic |
| **Page 1 – 4****Number of Feasible Pads by Type:** | Manufactured Housing Units (MHUs) \_\_\_\_\_\_\_Recreational Vehicles \_\_\_\_\_\_\_UFAS MHUs \_\_\_\_\_\_\_ | Manufactured Housing Units (MHUs): placed in columnRecreational Vehicles: placed in columnUFAS MHUs: placed in column | Updated to rearrange graphic |
| **Page 1 – 5****Pad Size:** | \_\_\_3 BDR \_\_\_3 BDR Accessible\_\_\_2 BDR \_\_\_2 BDR Accessible\_\_\_1 BDR \_\_\_1 BDR Accessible | Standard 3 BR 2 BR 1 BR Other/NA; in columnsAccessible 3 BR 2 BR 1 BR Other/NA; in the same columns above | Updated to rearrange graphic |
| **Page 1 – 6****Additional Pad Information:** | \_\_\_Pets Allowed\_\_\_Rent Amount\_\_\_Split Lot\_\_\_Other\_\_\_Accessible Mailboxes\_\_\_Accessible Dumpsters\_\_\_Utilities\_\_\_Amps\_\_\_School Bus Routes\_\_\_Wrap Around Services\_\_\_Accessible Egress (pathway to unit)\_\_\_Background Check Required\_\_\_Credit Check Required\_\_\_Within reasonable commuting distance \_\_\_Playground area (and path) |

|  |  |
| --- | --- |
| Pets Allowed | Yes / No |
| ADA Accessible Mailboxes | Yes / No |
| ADA Accessible Dumpsters | Yes / No |
| ADA Accessible Egress (pathway to unit) | Yes / No |
| Playground area (and path) | Yes / No |
| Within reasonable commuting distance (of declared area) | Yes / No |
| School Bus Routes | Yes / No |
| Rent Amount |  |
| Utilities |  |
| Amps |  |
| Wrap Around Services | Yes / No |
| Background Check Required | Yes / No |
| Credit Check Required | Yes / No |
| Spill Lot | Yes / No |

 | Updated per IAPPG |
| **Page 2 – Form Title** |  | DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency COMMERCIAL PARK UNIT PAD REQUIREMENTS - INFORMATION CHECKLIST | Updated to continue uniformity with Page 1. |
| **Page 2 – 8****Certify:****Name Box** | Name of Firm | Name of Park/Property Management Representative: | Updated to name specific property. |