**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

(*formerly Manufactured Housing Operations Forms)*

**OMB Control No.**: 1660-0138 (*formerly 1660-0030)*

**Current Expiration Date**: 12/31/2021

Collection Instrument(s): FF-104-FY-21-112 (*formerly 009-0-136)*: Transportable Temporary Housing Unit Installation Work Order

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| --- | --- | --- | --- |
| **Location** | **Current version** | Proposed Revision | Justification |
| **Page 1 – Form Title** | **MANUFACTURED HOUSING UNIT INSTALLATION WORK ORDER** | **TRANSPORTABLE TEMPORARY HOUSING UNIT INSTALLATION WORK ORDER** | This form is specific to TTHUs. TTHUs include both MHUs and RVs. Changed throughout form. |
| **Page 1 – Privacy Act Statement – PRINCIPLE PURPOSE(S)** | **PRINCIPAL PURPOSE(S):** This information is being collected for the primary purpose of obtaining necessary landowner consent to inspect site, place, maintain, deactivate, and/or remove temporary housing units provided by FEMA to eligible registered disaster survivors as part of its direct housing program under a Presidentially-declared disaster. | **PRINCIPAL PURPOSE(S):** This information is being collected for the primary purpose of documenting the process and current status of installing transportable temporary housing units (TTHUs) provided by FEMA to eligible applicants as part of direct housing assistance under a Presidentially-declared disaster. | Updated terminology. Direct Housing is a form of assistance under the Individuals and Households Program. Direct Housing is not a program. Survivors are referred as applicants at this stage of direct housing. |
| **Page 1 – Privacy Act Statement – DISCLOSURE** | The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving disaster-related temporary housing assistance. | The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the applicant from receiving disaster-related temporary housing assistance. | Survivors are referred as applicants at this stage of direct housing. |
| **Page 1 – 3.:**  **SITE INFORMATION**  **Heading** | **APPLICATION/SITE INFORMATION** | Removed APPLICATION | Not Necessary. |
| **Page 1 – 3.:**  SITE ADDRESS | (House # and Street Name or Pad #, City, State, County): | (House # and Street Name or Pad #, City, State, County/Parish): | Update to include parishes. |
| **Page 1 – 4.:**  **CONTRACT WORK ORDER INFORMATION** | DATE SCH. COMPLETION | Removed DATE SCH. COMPLETION | Not Necessary. |
| **Page 1 – 5.:**  **SITE TYPE**  **Section** | Commercial  Private  Group | Commercial Park  Private Site  Group Site  Other | Spelled out site types. |
| **Page 1 – 6.:**  **TTHU TYPE**  **Heading** | **UNIT TYPE** | **TTHU TYPE** | This form is specific to TTHUs. |
| **Page 1 – 6.:**  **TTHU TYPE**  **Section** | HU | Manufactured Housing Unit  Recreational Vehicle  UFAS | Listed out TTHU types. |
| **Page 1 – 7.:**  **ELEVATION REQUIRED?** | **UNIT #** | **ELEVATION REQUIRED?**  **YES, to \_\_\_\_\_**  **NO** | Ensures FEMA captures relevant information about elevation requirements for a FEMA provided unit. |
| **Page 1 – 8.:**  **ELEVATION COMPLETE?** | N/A | **ELEVATION COMPLETE?**  **YES**  **NO** | Elevation is a requirement by regs and wasn’t addressed previously. |
| **Page 1 –9.:**  **TTHU INFORMATION**  **Heading** | **UNIT INFORMATION** | **TTHU INFORMATION** | This form is specific to TTHUs. |
| **Page 1 – 9.:**  **TTHU INFORMATION**  **Section** | STANDARD  UFAS | VIN # | Unit type was duplicative here. Moved VIN number to accommodate TPS Barcode.  Removed Standard and UFAS – duplicative. |
| **Page 1 – 9.:**  **TTHU INFORMATION**  **Section** | VIN | Tank and Pump System Barcode | Inclusion of TPS barcode for tracking purposes |
| **Page 1 – 10.:**  **PAD LOT INFORMATION**  **Section** | Rent Amt. | Remove row | Rent amount not needed for the purposes of the installation work order. |
| **Page 2 – Form Title** | MANUFACTURED HOUSING UNIT (MHU) INSTALLATION WORK ORDER | TRANSPORTABLE TEMPORARY HOUSING UNIT INSTALLATION WORK ORDER | This form is specific to TTHUs. |
| **Page 2 – 11.:**  **INSTALLATION Section**  ITEMS TO FURNISH AND INSTALL | Roll in Shower | Accessible Unit | Roll in shower was a duplicate. |
| **Page 2 – 11.:**  **INSTALLATION Section**  ITEMS TO FURNISH AND INSTALL | Accessible Unit | Remove row | Moved one row up. |
| **Page 2 – 11.:**  **INSTALLATION Section**  ITEMS TO FURNISH AND INSTALL | Comments: **WORK ORDER TOTAL** | WORK ORDER TOTAL | Removed “Comments:” |
| **Page 2 – 11.:**  **INSTALLATION Section**  ITEMS TO FURNISH AND INSTALL | N/A | Comments: | Added section for comments within work order. |