

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-21-113 (formerly 009-0-130): Transportable Temporary Housing Unit Maintenance Work Order

Location	Current version	Proposed Revision	Justification
Page 1 – Form Title	MANUFACTURED HOUSING UNIT MAINTENANCE WORK ORDER	TRANSPORTABLE TEMPORARY HOUSING UNIT MAINTENANCE WORK ORDER	This form is specific to TTHUs. 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 transportable 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 obtaining information specific to a FEMA provided transportable temporary housing unit (TTHU) in order to assess and perform maintenance as part of direct housing assistance under a Presidentially-declared disaster.	Updated purpose to reflect this form specifically. Updated terminology. Direct Housing is a form of assistance under the Individuals and Households Program. Direct Housing is not a program. Survivors are referred to as applicants at this phase 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 to as applicants at this phase 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	W Type:	Work Order Type:	Spelled out

Page 1: OCCUPANT INFORMATION	N/A	City	Updated to be consistent with other forms.
Page 1: OCCUPANT INFORMATION	Jurisdiction Parish	County/Parish	Updated to be consistent with other forms.
Page 1: OCCUPANT INFORMATION	Tribe/Territory	State	Updated to be consistent with other forms.
Page 1: OCCUPANT INFORMATION	N/A	Zip Code	Updated to be consistent with other forms.
Page 1: MAINTENANCE REQUEST INFORMATION	Unit Type:	TTHU Type:	Form is specific to TTHUs – corrected acronym.
Page 1: MAINTENANCE REQUEST INFORMATION	TTHU Unit:	TTHU #:	Form is specific to TTHUs – corrected acronym.
Page 1: WORK ORDER ISSUE INFORMATION	Issued Date:	Date Issued:	Minor grammar edit
Page 1: WORK ORDER ISSUE INFORMATION	Issued Time:	Time Issued:	Minor grammar edit
Page 2: SIGNATURES	Notes: provide copy to occupants	Note: Provide copy to occupants	Minor grammar edit
Page 2: WORK ORDER SPECIFICATIONS	UOM	Unit of Measure (UOM)	Spell out acronym
Page 2: LABOR	Total hours worked (24 hour increments)	Total hours worked (24-hour increments)	Minor grammar edit
Page 2: VERIFICATIONS AND SIGNATURES	The above described work has been verified by:	The above-described work has been verified by:	Minor grammar edit
Page 2: VERIFICATIONS AND SIGNATURES	Other	Other _____	Minor grammar edit