PAPERWORK REDUCTION ACT

**CHANGE WORKSHEET**

|  |  |
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| **Agency/Subagency****Department of Housing and Urban DevelopmentOffice of Public and Indian Housing** | **OMB Control Number** **2577-0300** |
| **Enter only items that change** **Current Record New Record** |
| **Agency form number(s)** | **HUD-50093****HUD-50094****HUD-50095****HUD-50096** |  |
| **Annual reporting and record keeping****hour burden** |  |
|  **Number of respondents** | **194** | **194** |
|  **Total annual responses** | **974** | **974** |
|  **Percent of these responses** **collected electronically** | **100** | **100** |
|  **Total annual hours** | **537.5** | **537.5** |
|  **Difference** |  | **0** |
|  **Explanation of difference** Program Change |  |  |
|  **Adjustment**  |  |  |
| **Annual reporting and record keeping cost burden (in thousands of dollars)** |  |
|  **Total annualized capital/startup** **costs** | **NA** | **NA** |
|  **Total annual costs (O&M)** |  |  |
|  **Total annualized cost requested** |  |  |
|  **Difference** |  |  |
|  **Explanation of difference** **Program Change** |  |  |
|  **Adjustment**  |  |  |
| **HUD-50093: Changed the form title to “Shortfall Program Improvement Plan”****HUD-50094: Removed text at top of the form and changed the form title of the form to “Shortfall Budget.”****HUD-50095: Made edits to the form title. Added field for “PHA Requested Lower Amount.” Made text updates to the Shortfall Tier 1 and Shortfall Tier 2 certification text to improve clarity.** **HUD-50096: Changed references to the Notice 2021-12 to say the “current Shortfall notice.” Renumbered the list supporting documents.**  |
| **Signature of Senior Officer or****designee:** | **Date:** | **For OIRA Use** |

 **\*\*This form cannot be used to extend an expiration date**

 **OMB 83-C**