## **HUD Form # 92910 TITLE Housing Counseling Training Charts**

| LOCATION     | CURRENT TEXT   | REVISED TEXT   |
|--------------|--|--|
| p. 1, Public | I certify that the information provided on                                 | I certify under penalty of perjury that the  |
| Reporting    | this form and in any accompanying  | information provided is true and correct.  |
| Information  | documentation is true and accurate. I                                      | WARNING: Anyone who knowingly  |
|              | acknowledge that making, presenting, or                                    | submits a false claim or makes a false   |
|              | submitting a false, fictitious, or fraudulent                              | statement is subject to criminal and/or civil  |
|              | statement, representation, or certification                                | penalties, including confinement for up to 5   |
|              | may result in criminal, civil, and/or                                      | years, fines, and civil and administrative   |
|              | administrative sanctions, including fines,                                 | penalties. (18 U.S.C. §§ 287, 1001, 1010,  |
|              | penalties, and imprisonment  | 1012, 1014; 31 U.S.C. §3729, 3802).  |
| p. 1, Public | "The Public Reporting Burden for this                                      | The Public Reporting Burden for this   |
| Reporting    | collection of information is estimated to                                  | collection of information is estimated to  |
| Information  | average 102 hours per response, including                                  | average 102 hours per response, including  |
|              | the time for reviewing instructions,                                       | the time for reviewing instructions,   |
|              | searching existing data sources, gathering                                 | searching existing data sources, gathering   |
|              | and maintaining the data needed, and                                       | and maintaining the data needed, and   |
|              | completing and reviewing the collection of                                 | completing and reviewing the collection of   |
|              | information. Send comments regarding this                                  | information. Send comments regarding this  |
|              | burden estimate or any other aspect of this                                | burden estimate or any other aspect of this  |
|              | collection of information, including                                       | collection of information, including   |
|              | suggestions for reducing this burden, to the                               | suggestions for reducing this burden, to the   |
|              | Reports Management Officer, Office of                                      | Reports Management Officer, REE,   |
|              | Information Policies and Systems, U.S.                                     | Department of Housing and Urban  |
|              | Department of Housing and Urban  | Development, 451 7th St SW, Room 4176, Washington, DC 20410-5000. When                 |
|              | Development, Washington, DC 20410-3600 and to the Office of Management and | providing comments, please refer to OMB  |
|              | Budget, Paperwork Reduction Project  | Approval No. 2502-0306 Do not send   |
|              | (2502-0567), Washington, DC 20503. Do                                      | this completed form to either of the above   |
|              | not send this completed form to either of the                              | addresses.   |
|              | above addresses.   | "HUD's Office of Housing Counseling will   |
|              | "HUD's Office of Housing Counseling will                                   | use the information collected to evaluate  |
|              | use the information collected to evaluate                                  | and rank applications. The housing   |
|              | and rank applications. The housing   | counseling training grant program provides   |
|              | counseling training grant program provides                                 | training for housing counselors on a nation-   |
|              | training for housing counselors on a nation-                               | wide basis. This information is required to  |
|              | wide basis. This information is required to                                | be eligible for the grant award as   |
|              | be eligible for the grant award as authorized                              | authorized by Section 106 of the Housing   |
|              | by Section 106 of the Housing and Urban                                    | and Urban Development Act of 1968 (12  |
|              | Development Act of 1968 (12 U.S.C.   | U.S.C. 1701x) and Section 4 of the   |
|              | 1701x) and Section 4 of the Department of                                  | Department of Housing and Urban  |
|              | Housing and Urban Development Act (42                                      | Development Act (42 U.S.C. 3533) as  |
|              | U.S.C. 3533) as amended by Subtitle D –                                    | amended by Subtitle D – Office of Housing  |
|              | Office of Housing Counseling of Dodd-                                      | Counseling of Dodd-Frank Wall Street   |
|              | Frank Wall Street Reform and Consumer                                      | Reform and Consumer Protection Act.  |
|              | Protection Act. There are no assurances of                                 | There are no assurances of confidentiality.  |
|              | confidentiality. HUD may not conduct or                                    | HUD may not conduct or sponsor, and a  |
|              | sponsor, and a person is not required to                                   | person is not required to respond to, a  |
|              | respond to, a collection of information                                    | collection of information unless it displays   |
|              | unless it displays a currently valid OMB                                   | a currently valid OMB control number.".  |
|              | control number."   | Responses to the collection of information are   |
|              |  | voluntary, required to obtain or retain a benefit as required under 5 CFR 1320.8(b)(3) |
|              |  | as required under 5 CFR 1520.0(0)(5)   |
|              |  |  |