

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

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	(Park Name, Street, City, State, Zip code, Pad Number(s). Attach map and detailed directions if rural route).	Wording adjusted

	if rural route).																														
Page 1 – 3 Description of Pad Premises:	Number of Available Pads _____ _____ Number of Feasible Available Pads Room for expansion (dimensions) Yes <input type="radio"/> No <input type="radio"/>	Number of Available Pads: placed in column Number of Feasible Available Pads: placed in column Room for Expansion: placed in column Yes <input type="radio"/> No <input type="radio"/>	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 column Recreational Vehicles: placed in column UFAS MHUs: placed in column	Updated to rearrange graphic																												
Page 1 – 5 Pad Size:	___ 3 BDR Accessible ___ 2 BDR Accessible ___ 1 BDR Accessible ___ 3 BDR ___ 2 BDR ___ 1 BDR	Standard 3 BR 2 BR 1 BR Other/NA; in columns Accessible 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	<table border="1"> <tr><td>Pets Allowed</td><td>Yes / No</td></tr> <tr><td>ADA Accessible Mailboxes</td><td>Yes / No</td></tr> <tr><td>ADA Accessible Dumpsters</td><td>Yes / No</td></tr> <tr><td>ADA Accessible Egress (pathway to unit)</td><td>Yes / No</td></tr> <tr><td>Playground area (and path)</td><td>Yes / No</td></tr> <tr><td>Within reasonable commuting distance (of declared area)</td><td>Yes / No</td></tr> <tr><td>School Bus Routes</td><td>Yes / No</td></tr> <tr><td>Rent Amount</td><td></td></tr> <tr><td>Utilities</td><td></td></tr> <tr><td>Amps</td><td></td></tr> <tr><td>Wrap Around Services</td><td>Yes / No</td></tr> <tr><td>Background Check Required</td><td>Yes / No</td></tr> <tr><td>Credit Check Required</td><td>Yes / No</td></tr> <tr><td>Spill Lot</td><td>Yes / No</td></tr> </table>	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
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	___Playground area (and path)		
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.