**Non-substantive Change Request
OMB Control Number 2577-0216
TITLE: Moving to Work Demonstration**

**(FORM 50900: ELEMENTS FOR THE ANNUAL MOVING TO WORK PLAN**

**AND ANNUAL MOVING TO WORK REPORT)
Date Submitted: February 14, 2025**

**Summary of request:** AGENCY is requesting a change request to revise questions to align with
E.O. 14168 *Defending Women From Gender Ideology Extremism and Restoring Biological
Truth to the Federal Government.*

**Description of Changes Requested:** This request updates sex questions used in FORM 1 and
FORM 2 to be in accordance with EO 14168. Please check the boxes below if your request
includes:

[x]  Revision of an existing question(s)

[ ]  Deletion of an existing question(s)

**Description of Changes to Burden (if applicable): NO CHANGES TO BURDEN HOURS**

|  |  |  |
| --- | --- | --- |
| Form | Approved Burden | Requested Burden |
| Form 1 | TOTAL TIMETIME per response # respondents **39 Respondents****115 burden per year per respondent**  | TOTAL TIMETIME per response # respondents **39 Respondents****115 burden per year per respondent** |
| Form 2 | TOTAL TIMETIME per response # respondents | TOTAL TIMETIME per response # respondents |
| Total | TOTAL TIME **6825** | TOTAL TIME **6825** |

**Other Considerations (optional):** *E.g., timing sensitivities, implementation requirements.* **Table A: Description of Changes (optional, helpful if multiple changes to multiple forms):**

**Revised element #9 of the MTW Certifications of Compliance of the Form HUD 50900 to strike references to “gender identity” and “sexual orientation,” in compliance with the Defending Women executive order. This non-substantive change will have no impact on the information collection, burden hours or costs. (This language mirrors changes being made to the Certifications of Compliance in the PHA Plan package, Form HUD 50075.)**

|  |  |  |  |
| --- | --- | --- | --- |
| Form | Type of Change | Question/Item | Requested Change |
| FORM 1 | Question Revision |  #9 | See description above |
| FORM 1 | Question Deletion |   |   |
| FORM 2 | Question Revision |   |   |
|   |   |   |   |

**Attachments (if applicable):**