

Paperwork Reduction Act Change Worksheet

Agency/Subagency: U.S. Department of Housing and Urban Development	OMB Control Number: 2528-0039
--	---

Enter only items that change	Current Record	New Record**
Agency form number(s): Not applicable. This is a survey and interview.		
Annual reporting and keeping hour burden		
Number of respondents		
Total annual responses		
Percent of these responses collected electronically		
Total annual hours		
Difference	0	
Explanation of difference Changes will not affect number of respondents or burden		
Annual reporting and recordkeeping cost burden (in thousands of dollars)		
Total annualized Capital/Startup costs		
Total annual costs (O&M)		
Total annualized cost requested		
Difference	0	
Explanation of difference Changes will not affect reporting and recordkeeping cost		

Other change:

This submission includes non-substantive changes to the 30-month follow-up survey for the heads of household that are part of the Stepped and Tiered Rent Demonstration (STRD) Evaluation. The proposed changes to this instrument have been made to enhance participant comprehension and more accurately measure the intended information. We do not anticipate these revisions to affect either the annual reporting and recordkeeping hour burden or the annual reporting and recordkeeping cost burden for the data collection. Please see the second page for details on the proposed changes to each item.

Signature of Senior Official or Designee: X	Date:	For OIRA Use
--	-------	---------------------

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

Attachment: Proposed Edits to 30-Month Follow-up Survey

Section of Survey Being Modified	Summary of Revisions
Employment	<ul style="list-style-type: none"> Remove response option from question 3b and add a follow up question 3c to better capture permanent/temporary/seasonal/other employment types.
Program Group Experiences	<ul style="list-style-type: none"> Rephrasing questions to use more precise language about rent payments. Questions H1a:H1e are asked only of the treatment group. We are adding a similar set of questions to capture comparable information for the control group.

Signature of Senior Official or Designee: X	Date:	For OIRA Use
--	-------	---------------------

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