Regulatory Waiver Reporting on HUD Public Housing and Section 8 Requirements by Public Housing Agencies During Calendar Year 2020 and Calendar Year 2021 due to Presidentially Declared Major Disasters

Use this checklist to identify flexibilities and waivers used pursuant to **the above referenced Federal Register Notice published on XXXXXXXX (this date is currently on hold)** and the start date for when the waiver was first used. Refer to [MDD Fed. Reg. 6050-N-04] for a description of the flexibilities and waivers that may receive expedited HUD review as well as their period of availability. For assistance, contact your local Public Housing Field Office.

Public reporting burden for this collection of information is estimated to average one hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. The contents of this form is pursuant to FR-6050-N-04 and HUD's discretionary authority in Section 106 of the Department of Housing and Urban Development Reform Act of 1989 to grant certain regulatory waivers consistent with 24 CFR 5.110. PHAs benefit from using these waivers to relieve administrative and regulatory burdens during a Major Disaster Declaration (MDD). HUD uses the information to inform responses to future emergencies.

Name of PHA:

PHA Number:

Check:	[MDD Fed. Reg. 6050-N-04] Reference and Regulatory Citation	Start Date
	§ II.A. 24 CFR 905.306 (Extension of deadline for obligation and	
	expenditure of Capital Funds). (Office of Capital Improvements)	
	§ II.B. 24 CFR 990.145(b) (Public housing dwelling units with approved	
	vacancies). (REAC – Public Housing Financial Management Division)	
	§ III.A. 24 CFR 5.801(c) and 5.801(d)(1) (Uniform financial reporting	
	standards; Filing of financial reports; Reporting compliance dates). (Real	
	Estate Assessment Center)	
	§ III.B. 24 CFR part 902 (Public Housing Assessment System). (Real	
	Estate Assessment Center)	
	§ III.C. 24 CFR 905.322(b) (Fiscal closeout). (Office of Capital	
	Improvements)	
	§ III.D. 24 CFR 905.314(b)–(c) (Cost and other limitations; Maximum	
	project cost; TDC limit). (Office of Capital Improvements)	
	§ III.E. 24 CFR 905.314(j) (Cost and other limitations; Types of labor).	
	(Office of Capital Improvements)	
	§ III.F. 24 CFR 905.400(i)(5) (Capital Fund Formula; Replacement	
	Housing Factor to reflect formula needs for projects with demolition or	
	disposition occurring on or after October 1, 1998, and prior to September	
	2013). (Office of Capital Improvements)	

§ III.G. 24 CFR 960.202(c)(1) (Tenant selection policies) and 24 CFR 982.54(a) (Administrative plan). (Housing Voucher Management and Operations; Public Housing Management and Occupancy) § III.H. 24 CFR 982.206(a)(2) (Waiting List; Opening and closing; Public notice). (Housing Voucher Management and Operations) § III.I. 24 CFR 982.503(c) (HUD approval of exception payment standard amount). (Housing Voucher Management and Operations) § III.J. 24 CFR 982.401(d) (Housing quality standards; Space and security). (Housing Voucher Management and Operations) § III.K. 24 CFR 982.633(a) (Occupancy of home). (Housing Voucher Management and Operations) § III.L. 24 CFR 984.303(d) (Family Self-Sufficiency Contract of participation; contract extension). (Office of Public Housing Investment) § III.M. 24 CFR 985 (Section 8 Management Assessment Program (SEMAP)). (Housing Voucher Management and Operations) III.N. Waivers not identified in XX-XX-XXXX. If your agency is requesting a wavier not listed above, please reference the regulatory citation and item in row(s) below. If there is not enough space on this form, write "See Attached". Use a blank sheet. Indicate PHA Name, PHA Number on the top of the attachment. List the information required for each regulation requested. Sign the form and attachment.		
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Signature of Authorized Official	Date
Email:	
Phone:	