

Sample Recordkeeping Checklist to Identify Flexibilities and/or Waivers Granted by HUD to Public Housing Agencies (PHAs) in Response to an Emergency (e.g., a future Major Disaster Declaration)

This is a SAMPLE checklist to be used for future presidentially declared Major Disaster Declarations (MDDs) or other emergencies, as specified by HUD. The authorizing notice presenting the specific waivers will be cited here: (XXXXXXXXXXXX) with the date of publication: (XXXXXX)

Use this checklist to identify the start date for when the waiver was first used. 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. Under HUD’s discretionary authority in Section 106 of the Department of Housing and Urban Development Reform Act of 1989 and consistent with 24 CFR 5.110, specific statutory and regulatory waivers, and alternative requirements for Public Housing Agencies (PHAs) may be made available. PHAs benefit from using these waivers to relieve administrative and regulatory burdens during (INSERT SPECIFIED EMERGENCY). HUD uses the information to inform responses to future emergencies. HUD will use the information to analyze the use of waiver authority to inform responses to future emergencies. This information is required to obtain any benefit.

Name of PHA:

PHA Number:

Emergency: TO BE SPECIFIED WITHIN THE FUTURE NOTICE PRESENTING WAIVERS

| Check: | Regulatory Citation (THE FOLLOWING ARE POSSIBLE WAIVER OPTIONS and are subject to change for specific future emergencies)   | Start Date |
|--------|---|------------|
|        | 24 CFR 905.306 (Extension of deadline for obligation and expenditure of Capital Funds). (Office of Capital Improvements)  |            |
|        | 24 CFR 984.105 (Family Self-Sufficiency minimum program size). (Housing Voucher Management and Operations; Public Housing Management and Occupancy)               |            |
|        | 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) |            |
|        | 24 CFR part 902 (Public Housing Assessment System). (Real Estate Assessment Center)   |            |
|        | 24 CFR 905.322(b) (Fiscal closeout). (Office of Capital Improvements)   |            |
|        | 24 CFR 905.314(c) (Cost and other limitations; Maximum project cost; TDC limit). (Office of Capital Improvements)   |            |
|        | 24 CFR 905.314(j) (Cost and other limitations; Types of labor). (Office of Capital Improvements)  |            |

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|--|---|--|
|  | 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) |  |
|  | 24 CFR 982.206(a)(2) (Waiting List; Opening and closing; Public notice). (Housing Voucher Management and Operations)  |  |
|  | 24 CFR 982.503(c) (HUD approval of exception payment standard amount). (Housing Voucher Management and Operations)  |  |
|  | 24 CFR 982.401(d) (Housing quality standards; Space and security). (Housing Voucher Management and Operations)  |  |
|  | 24 CFR 982.633(a) (Occupancy of home). (Housing Voucher Management and Operations)  |  |
|  | 24 CFR 984.303(d) (Contract of participation; contract extension). (Public Housing Management and Occupancy; Housing Voucher Management and Operations)                           |  |
|  | 24 CFR 985.101(a) (Section 8 Management Assessment Program (SEMAP)). (Housing Voucher Management and Operations)  |  |
|  | Notice PIH 2012–10, Section 8(c) (Verification of the Social Security Number (SSN)). (Real Estate Assessment Center)  |  |

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Signature of Authorized Official

Date

Email:

Phone: