Request for **Waiver of Housing Directive**

U.S. Department of Housing and Urban Development Office of Housing Federal Housing Commissioner

OMB Approval No. 2502-0029 (Expires 04/30/2020)

1. Field Office			Program and DAS (e.g., multifamily development)		
3.	. Waiver Requsted by (person, entity, HUD employee)				
4.	Waiver Item (directive number, date, page, paragraph, etc.)				
	Relief Sought				
	Did a check of SharePoint indicate Prior Approval of a factually similar waiver?"	Yes (skip No. 6) No (go to No. 6)	If previously approved, give Counsel's name and date of ap	proval.	
6.	Counsel Determination. T	he Waiver Proposal does no f	t conflict conflicts with statutory or regulatory prov	isions (cite rule or provision)	
	Counsel (signature)			Date	
	Employee Justification (atta	ach additional pages if necess	sary)		
Naı			Title	Date	
8.	Granted Hou Not Granted	sing Director (signature)		Date	
Pu			is estimated to average xx minutes per response, including the data needed, and completing and reviewing the col		

Distribution: (includes waivers granted and denied)

Original to Field Office;

Director, Organizational Policy, Planning and Analysis Division, Room 9116, HUD Headquarters, HRO One copy to each of the following:

Assistant General Counsel, Multifamily Mortgage Division, HUD Headquarters, Room 9230, CAHAA

And one copy to either of the following: Office of the Deputy Assistant Secretary for Single Family Housing, Room 9282, HUD Headquarters, HU

collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Office of the Deputy Assistant Secretary for Multifamily Housing, Room 6106, HUD Headquarters, HT