

12A-16, Rockville, MD 20857, approximately 15 working days after the meeting, at a cost of 10 cents per page. The transcript may be viewed at the Dockets Management Branch (HFA-305), Food and Drug Administration, 12420 Parklawn Dr., rm. 1-23, Rockville, MD 20857, approximately 15 working days after the meeting, between the hours of 9 a.m. and 4 p.m., Monday through Friday. Summary minutes of the open portion of the meeting may be requested in writing from the Freedom of Information Office (address above) beginning approximately 90 days after the meeting.

The Commissioner has determined for the reasons stated that those portions of the advisory committee meetings so designated in this notice shall be closed. The Federal Advisory Committee Act (FACA) (5 U.S.C. app. 2, 10(d)), permits such closed advisory committee meetings in certain circumstances. Those portions of a meeting designated as closed, however, shall be closed for the shortest possible time, consistent with the intent of the cited statutes.

The FACA, as amended, provides that a portion of a meeting may be closed where the matter for discussion involves a trade secret; commercial or financial information that is privileged or confidential; information of a personal nature, disclosure of which would be a clearly unwarranted invasion of personal privacy; investigatory files compiled for law enforcement purposes; information the premature disclosure of which would be likely to significantly frustrate implementation of a proposed agency action; and information in certain other instances not generally relevant to FDA matters.

Examples of portions of FDA advisory committee meetings that ordinarily may be closed, where necessary and in accordance with FACA criteria, include the review, discussion, and evaluation of drafts of regulations or guidelines or similar preexisting internal agency documents, but only if their premature disclosure is likely to significantly frustrate implementation of proposed agency action; review of trade secrets and confidential commercial or financial information submitted to the agency; consideration of matters involving investigatory files compiled for law enforcement purposes; and review of matters, such as personnel records or individual patient records, where disclosure would constitute a clearly unwarranted invasion of personal privacy.

Examples of portions of FDA advisory committee meetings that ordinarily shall not be closed include the review, discussion, and evaluation of general

preclinical and clinical test protocols and procedures for a class of drugs or devices; consideration of labeling requirements for a class of marketed drugs or devices; review of data and information on specific investigational or marketed drugs and devices that have previously been made public; presentation of any other data or information that is not exempt from public disclosure pursuant to the FACA, as amended; and, deliberation to formulate advice and recommendations to the agency on matters that do not independently justify closing.

This notice is issued under section 10(a)(1) and (a)(2) of the Federal Advisory Committee Act (5 U.S.C. app. 2), and FDA's regulations (21 CFR part 14) on advisory committees.

Dated: September 19, 1996.
Michael A. Friedman,
Deputy Commissioner for Operations.
[FR Doc. 96-24755 Filed 9-26-96; 8:45 am]
BILLING CODE 4160-01-F

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-4086-N-53]

Office of the Assistant Secretary for Public and Indian Housing; Notice of Proposed Information Collection for Public Comment

AGENCY: Office of the Assistant Secretary for Public and Indian Housing, HUD.

ACTION: Notice.

SUMMARY: The proposed information collection requirement described below will be submitted to the Office of Management and Budget (OMB) for review, as required by the Paperwork Reduction Act. The Department is soliciting public comments on the subject proposal.

DATES: Comments due: November 26, 1996.

ADDRESSES: Interested persons are invited to submit comments regarding this proposal. Comments should refer to the proposal by name and/or OMB Control Number and should be sent to: Mildred M. Hamman, Reports Liaison Officer, Public and Indian Housing, Department of Housing and Urban Development, 451-7th Street, SW., Room 4238, Washington, DC 20410-5000.

FOR FURTHER INFORMATION CONTACT: Mildred M. Hamman, (202) 708-0846, extension 4128, (this is not a toll-free number) for copies of the proposed forms and other available documents.

SUPPLEMENTARY INFORMATION: The Department will submit the proposed information collection to OMB for review, as required by the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35, as amended).

This Notice is soliciting comments from members of the public and affected agencies concerning the proposed collection of information to: (1) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (2) Evaluate the accuracy of the agency's estimate of the information; (3) Enhance the quality, utility, and clarity of the information to be collected; and (4) Minimize the burden of the collection of information on those who are to respond; including through the use of appropriate automated collection techniques of other forms of information technology.

This Notice also lists the following information:

Title of Proposal: Family Report and Family Self-Sufficiency Addendum.

OMB Control Numbers: 2577-0083 and 2577-0184.

Description of the need for the information and proposed use:

Collection of this information is authorized by the U.S. Housing Act of 1937 (42 U.S.C. 1437, et seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), the Fair Housing Act (42 U.S.C. 3601-19), and Section 214 of the Housing and Community Development Act of 1980. Public Housing Agencies (PHAs) and Indian Housing Authorities (IHAs) administering public, Indian Housing and the Section 8 Rental Certificate, Rental Voucher and Moderate Rehabilitation Programs must submit family information to assist HUD in managing and monitoring HUD-assisted programs. HUD will use the information to (1) monitor program participants' compliance with requirements, (2) provide demographic information describing tenants' characteristics, (3) participate in income matching to detect fraud, and (4) plan for future use of the housing inventory with emphasis on the housing needs of special groups. The Forms HUD-50058 and HUD-50058-FSS are being revised to reflect legislative changes and requirements. Initially, PHAs/IHAs will need ½ hour to input the data into each Form HUD-50058. After a three-year period, average input time should be reduced to 15 minutes per form. The reduction in time will be due to the pre-entering of key information on the form (i.e., income changes, change in family composition, etc.). PHAs/IHAs

administering the FSS program require 15 minutes per form for completion of the information.

Members of the affected public: State or Local Governments, Individuals or Households.

Estimation of the total number of hours needed to prepare the information collection including number of respondents, frequency of response, and hours of response: HUD-50058: Number

of respondents, 4500; number of responses per respondent, 916.5; total annual responses: 4,124,250; hours per response, 0.5; total burden hours: 2,062,125.

Projected Three Year Period: Hours per response will be reduced to 0.25 for total burden hour 1,031,062.

Status of the proposed information collection: Revision of and currently approved collection.

Authority: Section 3506 of the Paperwork Reduction Act of 1995, 44 U.S.C. Chapter 35, as amended.

Dated: September 11, 1996.

Michael B. Janis,

General Deputy Assistant Secretary for Public and Indian Housing.

BILLING CODE 4210-33-M

Family ReportU.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval Number 2577-0083 (expires 12/31/96)

People Who Will Live in the Home			1 Effective Date of action				
2a. Person number	2b. Last Name	2c. First Name & Sr, Jr, 3rd, etc	2d. Date of Birth mmddyyyy	2e. Sex M or F	2f. Relation	2g. Disability?	2h. His/Her own Social Security No. If none put 0
01	Head				H		
02							
03							
04							
05							
06							

2i. Total Number of people.

* Codes in 2f: H = head S = spouse F = foster child/foster adult Y = other youth under 18 E = full-time student 18+ L = live-in aide A = other adult
 • Codes in 2f (blank in Indian mutual): US = US citizen EN = eligible noncitizen IN = ineligible noncitizen PV = pending verification XX = F or L in 2f.

Expected Income per Year

3a Dollars per Year	3b Who? (no. in 2a)	3c Source: Each source for each person on a separate line	10c Fraction of Adj. income (ex.: 0.30 for 30%)
		PE = pension B = own business	▲ 11 Rent on Adj. income: line 10b ÷ 12 x line 10c
		SS = social security M = military pay	11b Fraction of Total income: (ex.: 0.10 for 10%)
		SI = SSI F = federal wage	▲ 12 Rent on Total income: line 5 ÷ 12 x line 11b
		D = AFDC HA = HA wage	▲ 13 Welfare rent per month, if any
		G = general assist. W = other wage	▲ 13b Minimum rent (put 0 if waived)
		CS = child support U = unemp. benefit	14 Highest of 4 lines marked "▲" (lines 11, 12 to 13b)
		IS = Income of immigrant's sponsor	14b Previous TTP (line 14 from previous form 50058)
		I = Indian trust/per capita	
		N = other nonwage sources	

Background Data

4e Asset income (see worksheet)	4a Assets	15a Date Entered waiting list (mmddyyyy)
		15b Zip Code before admission (5 digits)
		15c Date of admission to program (mmddyyyy)
5 Total Annual Income: column 3a + line 4e		15cc Homeless at admission? Y or N
6 Number of people under 18, or with disability, or full-time student. Don't count head, spouse, foster child/adult, or live-in aide.		15d 1 = White 3 = American Indian/Alaska Native 2 = Black 4 = Asian/Pacific Islander
7a If head and spouse are under 62 and have no disabilities, skip to line 8. Otherwise write yearly medical cost that is not reimbursed in 7a and fill 7b to 7d		15e 1 = Hispanic 2 = Not Hispanic
7b Medical threshold: line 5 times correct % (e.g., line 5 x 0.03)		15ee Noncitizen subsidy status: E = No member is IN in column 2ff T = Temporary deferral of termination (if assisted 6/19/95) P = Prorated, Not T and any member is IN - Submit Mixed Family Proration Addendum instead of filling 16, 21, 22, 23, or 24.
+ 7c Medical allowance: 7a - 7b. If 7b is bigger, put 0		15f Family Self-Sufficiency participant? Y or N If "Y," submit FSS Addendum (form HUD-50058-FSS)
+ 7d Elderly/disability allowance: usually \$400		15h 1 = New Admission 5 = Portability Move-out 2 = Reexamination 6 = End Participation 3 = Interim Redeterm. (see definitions on page 4) 4 = Portability Move-in 7 = Other Change of Unit
9 Allowance per dependent		15i If changed head, write former head's Social Security Number
+ 9a Dependent Allowance: line 6 times line 9		15j 1 = Public Housing 4 = Sec.8 Vouchers 2 = Indian Housing 5 = Sec.8 Mod Rehab 3 = Sec.8 Certificates
+ 9b Yearly Child Care Cost that is not reimbursed		15jj Use if instructed by HUD
+ 9c (Indian Housing Only) Travel Cost to work/school		15k Agency Name
+ 9d Optional earned income deduction. This is different from 3x.		15l Project No. (include the 2-letter State; see page 4)
+ 9e Additional allowances		15n Number of Bedrooms in unit to be occupied
10a Total Allowances: add lines marked "+" (7c to 9e, except line 9)		15o Unit's street address Apt. no.
10b Adjusted Annual Income: line 5 minus line 10a. If line 10a is bigger, write 0		City State Zip

Public Housing, Indian Rental & Turnkey III		Sec. 8 Certificates (except manufactured home sites)	
	16a Ceiling Rent, if any		21a FMR or exception rent, fill if: Over-FMR Tenancy Option (OFTO) (20k = Y), or New admission (15h = 1), or Move (20b = Y)
	16b Lower Rent: lower of line 14 or 16a	▼	
	16c Utility Allowance, if any	▼▼	21b Contract rent to owner <i>If unit has other subsidy, write the subsidized rent</i>
	16d Tenant Rent: 16b minus utility (16c) <i>If utility is bigger</i> <input type="radio"/> <i>mark the circle, write the difference, credit the tenant</i>		21c Utility allowance, if any
	16e Reserved	▼	21d Gross rent of unit: 21b + 21c
Indian Mutual Help			21dd Maximum subsidy: copy 21d, <i>except in OFTO put lower of 21a or 21d(▼)</i>
	17a Monthly income: line 10b ÷ 12 months		21e Total tenant payment: copy from line 14
	17b Number between 0.15 and 0.30 corresponding to the percent in the mutual help agreement	▼▼	21ee Total HAP: 21dd minus 21e. <i>If 21e is bigger, put 0.</i>
	17c Gross family cost: 17a times 17b		21f Tenant rent: 21b minus 21ee. <i>If 21ee is bigger than 21b, mark the circle, write the difference, and credit the tenant.</i> <input type="radio"/>
	17d Utility allowance, if any		21ff Reserved
▲	17e Net cost: 17c minus 17d. <i>If 17d is bigger, put 0</i>		21g HAP to Owner: lower of 21b or 21ee(▼▼)
▲	17f Administration charge	Sec. 8 Vouchers	
	17g Maximum monthly payment in agreement, if any (usually 17f + monthly debt service)		22a Voucher Payment standard <i>In Sec. 236 & FmHA Sec. 515, do not exceed basic rent plus utility allowance</i>
	17h Family cost: higher of 17e, 17f, but not over 17g		22b Rent on Adjusted income: copy from line 11
	17i Reserved	▼	22c Maximum subsidy: 22a minus 22b
Sec. 8 Unit Data: Certificates, Vouchers & Mod Rehab			22f Utility allowance, if any
	18 Admitted over very low-income limit: 0 = No 1 = Yes (rarely allowed: see instructions)		22g Rent to owner
	19b Owner/Agent		22h Gross rent of unit: 22f plus 22g
	19c Owner's TIN/SSN		22i Gross rent less maximum subsidy: 22h minus 22c
	19dd Date unit last inspected (mmddyyyy)	▲	22j Minimum family contribution: Higher of line 12 or line 13b
	19d Date unit last passed inspection (mmddyyyy)	▲	22k Total family contribution: higher of 22i or 22j (▲)
Sec. 8 Certificates & Vouchers (including Mod Rehab funding used for certificates)			22l Gross rent less contribution: 22h minus 22k
	20a Number of bedrooms on certificate or voucher	▼	22m Total voucher subsidy: lower of 22c or 22l (▼)
	20b Is family now moving to this unit? Y or N	▼▼	22n HAP to owner: lower of 22g or 22m (▼▼)
	20c Portability? Y or N <i>If "No," skip to 20f</i>		22o Family rent to owner: 22g minus 22n
	20d Cost billed per month. <i>Write 0 if absorbed</i>		22oo Reserved
	20e HA No. billed (7-8 characters; may ask 1-800-fon-mtcs)		22p Utility reimbursement to family: 22m minus 22n
Mark Y = Yes for all housing types that apply:		Sec. 8 Mod Rehab (except converted to Certificate)	
20f	<input type="checkbox"/> Project-based Certificate program unit		23a Current base rent
20g	<input type="checkbox"/> SRO: 1 room occupied by 1 person		23b Rehabilitation debt service
20h	<input type="checkbox"/> IGR: has continual supportive services (prorate gross rent)		23c Contract rent to owner: 23a plus 23b
20i	<input type="checkbox"/> Mod Rehab funding used for certificates		23d Utility allowance, if any
20j	<input type="checkbox"/> Owner-occupied mobile/manufactured home on rented space/pad - see item 24		23e Total tenant payment: copy from line 14
20k	<input type="checkbox"/> Over-FMR Tenancy Option - (OFTO)		23f Tenant rent: 23e minus 23d. <i>If 23d is bigger, mark the circle, write difference and credit tenant</i> <input type="radio"/>
			23ff Reserved
			23g HAP to owner: 23c - 23f. <i>If circle is marked copy 23c</i>
			23h HAP contract number
			23j Mod Rehab SRO Program for homeless? Y or N

Family Report

Please type or print clearly

**U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing**

OMB Approval Number 2577-0083 (expires 12/31/96)

Public reporting burden for this collection of information is estimated to average 0.5 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0083), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. 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.

Do not send this form to the above address.Send the data to the electronic address required by HUD. **Questions?** Phone 1-800-FON-MTCS or 1-800-366-6827.

Each affected agency must submit information to assist HUD in managing and monitoring HUD-assisted housing programs, to protect the Government's interest, and to verify the accuracy of the information received. HUD will use the information to: (1) monitor program participants' compliance with requirements, (2) provide demographic information describing tenants' characteristics, (3) participate in income matching, to detect fraud, and (4) plan for future use of the housing inventory with emphasis on the housing needs of special groups. This collection is authorized by the U.S. Housing Act of 1937 (42U.S.C. 1437 et seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42U.S.C. 3601-19).

Sensitive Information: The information on these forms is sensitive and is protected by the Privacy Act. Keep the forms locked and confidential.**Refer also to the more detailed instruction package****Abbreviations:**

▲ = to mark lines that will be compared and you will take the larger

t = to mark lines that will be compared and you will take the smaller

adj. = adjusted

AFDC = Aid to Families with Dependent Children

apt. = apartment

FmHA = Farmers' Home Administration

FMR = Fair Market Rent, set by HUD

FSS = Family Self-Sufficiency program

HA = Housing agency including public or Indian housing

HAP = Housing Assistance Payment

HUD = US Department of Housing and Urban Development

IGR = Independent Group Residence, with continual supportive services

italic = shows special instructions on this form, that are rarely used, or are an alternative (*If*) to the standard pattern

mmdyyy = date, in numbers, like 12/14/1993

Mod Rehab = Moderate Rehabilitation

No. = number

OMB = US Office of Management and Budget

Redeterm. = redetermination

Sec. = a numbered section of a law or federal regulation, usually in the US Housing Act of 1937

SRO = Single Room Occupancy

SSI = Supplemental Security Income

SSN = Social Security Number

TIN = Taxpayer Identification Number, for businesses

TTP = Total Tenant Payment

unemp.ben = unemployment benefits

Major Definitions:**Disabilities** -- Includes disabled and/or handicapped; in brief:

1. inability to engage in any substantial gainful activity because of physical or mental problem expected to last a year or cause death, or
2. age 55+ and blind and therefore unable to work at the same

activities as previously (volume 42 of the US Code at sec.423), or 3. age 5+ and has mental or physical problem of indefinite duration, showing up before age 22, that limits 3 of 7 areas of life (listed in full instructions) and needs care, or 4. age 5 or less and has problem highly likely to cause disability if untreated (volume 42 of the US Code at sec.6001(5)), or 5. physical or mental problem lasting long and indefinitely, making independent living hard, but easier with suitable housing.

Effective date -- For new admissions and portability move-ins: effective date of lease. For reexaminations and interim redeterminations: date any rent change would take effect. For end of participation: see next entry.

End Participation or Portability Move-out -- Fill items 1a, 1, and 15h - 1. Also fill out for head only: items 2b - d, 2h. This information is needed to remove tenant from HUD's active data base. Item 1 will show when the family stopped receiving any HUD subsidy or changed from Sec.8 to or from public and Indian housing, or used portability to move to the jurisdiction of another housing agency and the initial HA sent the family's records there.

Head -- A family may pick as the head any adult in the household who is wholly or partly responsible for paying the rent. If someone in the household is 62+ or has disabilities, extra allowances are gained by picking this person or his or her spouse as the head. These deductions are on lines 7a-d.

New Admission -- First joining a housing agency's public or Indian housing program, or re-joining after an interruption of at least 1 month, OR first joining the Sec.8 program, or rejoining Sec.8 after an interruption of at least 4 months. Changes between Sec.8 certificates and vouchers do not count as new admissions, but changes to and from other Sec.8 programs do.

Other Subsidy -- (as used in 20f - k and 21b) Units which have another subsidy, not Sec.8, Public or Indian housing. These other subsidies include Sec.236, Sec.221(d)3 BMIR, Sec.202, Farmers Home Administration Sec.515.

Portability -- Involves a family who was issued a Sec.8 certificate or voucher by one housing agency and finds a unit in the jurisdiction of another, which handles housing inspections and payments. The term portability applies even if the receiving agency absorbs the cost.

Project No. -- In Sec.8 use the first 7 characters of the 11-character Sec.8 project number, like CA029CE. You may also use the first 8 characters of the old Sec. 8 project number format, like CA06E029. In public and Indian housing, you have the choice of using an 11-character number like CA06P029001, or 8 characters like CA029001. Management will tell staff what number applies to each project.

**Mixed Family
Proration Addendum**U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval Number 2577-0083 (expires 12/31/96)

Head of Household's Last Name	First Name	Date of Birth	SSN	Effective Date of Action
Public Housing, Indian Rental & Turnkey III		Section 8 (except manufactured home space)		
25a Total tenant payment (from line 14)		All Programs		
25b Public/Indian housing maximum rent		26a Enter letter for program under which family is assisted:		
25c Family maximum subsidy: line 25b minus line 25a		C = Certificate		
25d Maximum subsidy per member: line 25c ÷ item 2i		O = Over-FMR certificate tenancy		
25e Eligible subsidy: line 25d x (item 2i minus number of members IN)		V = Voucher		
25f Prorated rent: line 25b minus line 25e		M = Mod Rehab		
Section 8 Manufactured Home Owner Renting the Space		26b (Mod Rehab Only) Current base rent		
▼ 27a FMR or exception rent		26c (Mod Rehab Only) Rehabilitation debt service		
27c Furniture included in purchase price? Y or N		26d Rent to owner. If Mod Rehab, 26b plus 26c		
27d Monthly amortization payment		26e Utility allowance, if any		
27e Deduction: If 27c is "Y": 27d x 0.15. If "N" put 0.		26f Gross rent: 26d plus 26e		
27f Adjusted amortization: 27d minus 27e		26g Total tenant payment: copy from line 14. Go to 26n, 26o, or 26r		
27g Utility allowance, if any		Certificate (regular tenancy) or Mod Rehab Only		
▼ 27h Rent to owner (space rent)		26n FMR or exception rent, fill if: Move (20b = Y) or New admission (15h = 1). <i>Skip if Mod Rehab.</i>		
27i Gross rent: 27f plus 27g plus 27h		26h Normal total HAP: 26f minus 26g. Go to 26i		
27j Total tenant payment: copy from line 14. <i>If Voucher, copy from line 11.</i>		Over-FMR Certificate Tenancy Only		
▼ 27k Gross rent minus TTP: 27i minus 27j		26o FMR or exception rent		
▼ 27kk (Voucher Only) Rent to owner minus minimum family contribution: 27h minus line 12		26p Maximum HAP: 26o minus 26g		
27n Normal total HAP: <i>If regular Certificate, lower of 27h or 27k; if Voucher, lowest of 27a, 27k, or 27kk; if Over-FMR tenancy, lowest of 27a, 27h, or 27k</i>		26q Alternate HAP: 26f minus 26g		
27o Proration fraction: number of members not IN ÷ item 2i		26h Normal total HAP: lower of 26p or 26q(▼). Go to 26i		
27l Prorated HAP: 27n x 27o		Voucher Only		
27m Mixed family share of rent to owner: 27h minus 27l		26r Voucher payment standard. <i>In Sec. 236 & FmHA Sec. 515, do not exceed basic rent plus utility allowance</i>		
		26s Rent on Adj. Income: copy from line 11		
		▼ 26t Maximum HAP: 26r minus 26s		
		26u Minimum family contribution: higher of 12 or 13b		
		▼ 26v Alternate HAP: 26f minus 26u		
		26h Normal total HAP: lower of 26t or 26v(▼). Go to 26i		
		All Programs		
		26i Proration fraction: number of members not IN ÷ item 2i		
		26j Prorated HAP: 26h x 26i		
		26k Mixed family share of rent to owner: 26d minus 26j.		
		○ <i>If 26j is bigger than 26d, mark circle, write difference, and credit the tenant.</i>		
		26l Reserved		
		26m HAP to owner: 26d minus 26k. <i>If circle is marked, copy 26d</i>		

**Family Self-Sufficiency
Addendum**
to form HUD-50058U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0184 (exp. 6/30/96)

Head of Household's Last Name:	First Name:	Date of Birth (mmddyyyy)	Social Security Number	Effective Date of Action: (mmddyyyy)
--------------------------------	-------------	-----------------------------	------------------------	-----------------------------------------

Section I. FSS Report Category (check one)

- ☐ FSS Enrollment Report
☐ FSS Progress Report
☐ FSS Exit Report

Section II. Family Information

1. Answer this question only if this is an FSS Enrollment Report.

Did the Family receive an FSS selection preference
because of related service program participation?

- ☐ Yes If "Yes," which program? → ☐ JOBS
☐ No ☐ JTPA
☐ Other

2. Current Employment Status
-
- of Head of Household:

- ☐ Employed: ☐ Full Time (35 hours per week or more)
☐ Part-time (less than 35 hours per week)

Check the box if the head of household is employed at the time this
FSS Addendum is being completed. Otherwise leave blank.

3. Years of School Completed by the Head of Household (0-16):

Years of School Completed by Head of Household. Enter the
highest grade of education or years of formal schooling the
head of household completed.

4. Does the Family Receive:

Food Stamps? ☐ Yes ☐ No Medicaid? ☐ Yes ☐ No (Note that a household that no
longer receives welfare such as
AFDC or SSI may receive
Medicaid coverage for one year.)

5. Is the Family currently receiving services from:

JOBS? ☐ Yes ☐ No JTPA? ☐ Yes ☐ No JOBS and JTPA are defined
under the instructions for
Section II, line 1, above.

Section III. FSS Services

1. Initial Start & End Dates of Contract of Participation: (mm/yyyy)

to

2. Contract Date Extended to: (mm/yyyy)

(If applicable)

3. No. of Family Members with Individual Training & Services Plan

Adult family members, including the head of household, with
Individual Training and Services Plans included as exhibits to
the FSS Contract of Participation. This is the maximum
number that may be entered in any box of the family services
table in Section III, line 4. (with the exception of Child Care).

4. Family Services Table: Enter the number of adult participating family
members in the appropriate columns
(a) Enter the number of family members with an Individual Training &
Services Plan who **need** the service;
(b) Enter the number of family members with an Individual Training &
Services Plan who **received** the service since the last report;
(c) Enter the number of family members with an Individual Training &
Services Plan who have successfully **completed** education/training.

Number of Household FSS Participants:

Services	(a) Contract Identified Service Needs	(b) Service Provided Since Last Report	(c) Education/ Training Completed
Education/Training			
Remedial			
High School/GED			
Post Secondary			
Vocational/Job Training			
Job Search/Job Placement			
Transportation			
Health Services			
Counseling			
Alcohol/Substance Abuse			
Personal and Parenting Skills			
Household Mgmt. & Budget Skills			
Homeownership Counseling			
Child Care (Record number of children)			

Section IV. FSS Account Information

- | | |
|-----------------------------------------------|----|
| 1. Current FSS Account Monthly Credit | \$ |
| 2. Current FSS Account Balance | \$ |
| 3. FSS Account Amount Disbursed to the Family | \$ |

Section V. Exit Information (Complete only for FSS Exit Report)

Reason for Exit:

- ☐ Completed Contract of Participation
☐ Left the HA's FSS Program without Completion
☐ Left Voluntarily
☐ Asked to Leave Program
☐ Left because Essential Service was Unavailable
☐ Contract Expired but Family did not Fulfill Obligations

Public reporting burden for this collection of information is estimated to average 0.25 hours 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0184), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. 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.

Do not send this form to the above address.

Each affected agency must submit information to assist HUD in managing and monitoring HUD-assisted housing programs, to protect the Government's interest, and to verify the accuracy of the information received. HUD will use the information to: (1) monitor program participants' compliance with requirements, (2) provide demographic information describing tenants' characteristics, (3) participate in income matching, to detect fraud, and (4) plan for future use of the housing inventory with emphasis on the housing needs of special groups. This collection is authorized by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19).

Sensitive Information: The information collected on this form is considered sensitive and is protected by the Privacy Act. The Privacy Act requires that these records be maintained with appropriate administrative, technical, and physical safeguards to ensure their security and confidentiality. In addition, these records should be protected against any anticipated threats or hazards to their security or integrity which could result in substantial harm, embarrassment, inconvenience, or unfairness to any individual on whom the information is maintained.

**Instructions for form HUD-50058-FSS,
Family Self-Sufficiency (FSS) Addendum to form HUD-50058**

For more detailed information, see HUD Handbooks 7420.8 and 7465.3.

Complete the FSS Addendum (form HUD-50058-FSS) each time the HUD-50058 is completed for a family participating in the FSS program. Always submit the FSS Addendum with the form HUD-50058.

Section 8 Portability. When a Section 8 FSS participant moves under portability, the receiving HA must complete and submit form HUD-50058-FSS (obtaining information from the initial HA as necessary).

Enter the effective date of the action as shown on line 1 of the HUD-50058.

Section I: FSS Report Category

There are three different report categories for the FSS Addendum: Enrollment, Progress and Exit. Check one and only one of the boxes to indicate the report category:

FSS Enrollment Report. Check "Enrollment Report" when the family is initially enrolled in the HA's FSS program and the Contract of Participation is first signed. Enrollment in the FSS program may occur when the transaction type reported on line 15h of the HUD-50058 is

- 2 (Reexamination),
- 3 (Interim redetermination),
- 4 (Portability Move-in), or
- 7 (Other change of unit).

The HA must conduct a reexamination or interim redetermination of income for a family newly selected for the FSS program if the effective date of the Contract of Participation will be more than 120 days after the family's last reexamination or interim redetermination was effective. *If a reexamination or interim redetermination is not required because one has occurred within 120 days before the effective date of the Contract of Participation, wait to report the family's FSS enrollment until the next time a HUD-50058 is required and submitted for the family.*

For the Enrollment Report, complete Sections I, II, and III of the HUD-50058-FSS. For Section III, line 4, Family Services Table, complete only column (a), Contract Identified Service Needs, based on the services identified in the Individual Training & Services Plan(s) in the Contract of Participation.

FSS Progress Report. Check "Progress Report" each time the FSS Addendum is completed for the FSS family other than when the family enrolls in or exits the FSS program. FSS Progress Report will generally be checked when the Transaction type reported on line 15h of the HUD-50058 is

- 2 (Reexamination),
- 3 (Interim redetermination), or
- 7 (Other change of unit).

For the FSS Progress Report, complete Sections I, II, III, and IV of the HUD-50058-FSS.

FSS Exit Report. Check "Exit Report" when the participating family has completed its obligations under the FSS Contract of Participation or has left the HA's FSS program for any other reason. *If a family exits the FSS program at a time other than one of the seven transaction types shown on line 15h of the HUD-50058, report the family's FSS exit the next time a HUD-50058 is required and submitted for the family.*

For the Exit Report, all sections of the HUD-50058-FSS must be completed. This is the only time that Section V, Exit Information, is completed.

Section II: Family Information

1. Selection Preference for FSS because of Related Service Program Participation. (Required only for FSS Enrollment Report)

Check "Yes" if the family was selected to participate in the FSS program because of its participation in, or being on the waiting list for, an FSS related service program (e.g., JOBS or JTPA). Otherwise check "No."

If "Yes" is checked, indicate the FSS-related service program(s) for which preference was given:

JOBS means Job Opportunities and Basic Skills Program (authorized by part F of title IV of the Social Security Act) that provides education, training, and employment assistance as well as child care and other supportive services to enable AFDC recipients to avoid long-term welfare dependency. At the state-level it is known by a variety of names, including Project Independence, GAIN, REACH, FIP, and ET Choices.

JTPA means Job Training Partnership Act (a program administered by the Department of Labor) for youth and unskilled adults who are unprepared to enter the labor force, those who are economically disadvantaged, and individuals with serious barriers to employment who need training to obtain productive employment.

Other means other service programs related to FSS.

Section III: FSS Services.

1. Initial Start and End Dates of Contract of Participation. Enter the effective date and expiration date of the family's FSS Contract of Participation when the family *initially* enrolled in the FSS program using the mm/yyyy format. The contract term will be for a period of 5 years.

2. Contract Date Extended to: If the family's FSS Contract of Participation has been extended beyond the initial end date entered at enrollment, enter the new end date for the contract using the mm/yyyy format. Otherwise leave blank.

4. Family Services Table. The table includes a listing of 12 different services and blank columns to be completed to show whether the services are needed by, provided to, and completed by the FSS participants. The Individual Training and Services Plan(s) in the family's Contract of Participation provides the information to be entered in this table.

Column (a) Contract Identified Service Needs. For the FSS Enrollment Report, enter the number of participating adult household members who need each service shown, except Child Care. For Child Care, enter the number of children needing that service.

For FSS Progress Reports and the FSS Exit Report, the information for column (a) may be copied from the family's previous FSS Addendum unless the Contract of Participation has been amended to reflect new service needs for the FSS participants.

Leave column (a) blank if no need for the service has been identified.

Column (b) Service Provided since Last Report. Indicate the number of participating adult household members who received each service shown, except Child Care, for the period since the last HUD-50058 was submitted. For Child Care, enter the number of children who received that service since the last HUD-50058 was submitted. Leave column (b) blank if the service was not provided to the FSS family since submission of the last HUD-50058.

Column (b) applies to the period from the date of the last HUD-50058 submission to the date of the current report. Any activity during that period should be reported -- whether that service was newly begun or was ongoing from an earlier period. Services provided for any duration within this time period should be reported; they need not have been provided for the entire period.

Column (c) Education/Training Completed. Column (c) pertains only to education/training services. Enter the number of participating adult family members who have successfully completed each service. Leave column (c) blank if the service has not been completed by any participating family member. The completion of education and training goals during any time period (not just the current reporting period) should be noted in column (c).

Section IV: FSS Account Information

1. Current FSS Account Monthly Credit. Enter the amount currently being credited to the family's FSS account due to increases in earned income by the family. Record the amount in whole dollars. Do not show cents or dollar signs. Round the amount to the nearest dollar (up on dollar for amounts of 50 cents or more; drop the cents for amounts of 49 cents or less). If the family is not making contributions to an FSS account, enter a zero (0).

2. Current FSS Account Balance. Enter the current amount of the family's FSS account based on the most recent reporting of account funds. Include both the amounts paid in by the family and the prorated investment income credited to the account. As noted in 1, record the amount in whole dollars. If an FSS account has not yet been established for the family, enter a zero (0).

3. FSS Account Amount Disbursed to the Family. Enter the total cumulative amount, if any, disbursed to the family from its FSS Account. Enter only whole dollar amounts and do not show cents or dollar signs. If no funds were disbursed enter a zero (0).

Section V: Exit Information

Complete this section only for an FSS Exit Report, when the family has left the HA's FSS program.

Reason for Exit. There are two reasons for a family exiting the HA's FSS program: Completed Contract of Participation or Left the Program without Completion. Check one and only one of the boxes to indicate the reason for exit:

Completed Contract of Participation. Check when the family has fulfilled all its obligations under the contract during the contract term; or when 30 percent of the family's monthly adjusted income equals or exceeds the existing housing fair market rent for the unit size for which the family qualifies.

Left HA's FSS Program without Completion. Check when the family has left HA's FSS program before any of the conditions described above under *Completed Contract* has been met. If the family left the program without completion, also indicate whether the family left voluntarily, was asked to leave, left because services were unavailable, or did not fulfill its contract obligations before the contract expired:

Left Voluntarily means the contract was terminated through mutual consent of the family and the HA, or the family decided to withdraw.

Asked to Leave Program means the HA terminated the Contract of Participation because a family member failed to meet obligations required under the Contract of Participation, or because other family actions were inconsistent with the purpose of the FSS program.

Left because Essential Service was Unavailable means the HA declared the Contract of Participation null and void because a particular service deemed essential to a family's ability to become self-sufficient was unavailable.

Contract Expired but Family did not Fulfill Obligations means the term of the Contract of Participation expired but the family did not meet all of its contract obligations.