

**Management Needs  
Assessment**  
Capital Fund Program (CFP)

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

OMB Approval No. 2577-0157  
(exp. 11/11/13)  
31/2023)

PHA Name _____		Original <input type="checkbox"/> Revision Number _____
General Description of Management Needs	Urgency of Need (1- 5)	Preliminary Estimated PHA-Wide Cost
Total Preliminary Estimated PHA-Wide Cost		\$
Date Assessment Prepared		
Source(s) of Information		

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Public reporting burden for this collection of information is estimated to average 13 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. HUD 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. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, Office of Policy Development and Research, REE, Department of Housing and Urban Development, 451 7th St SW, Room 4176, Washington, DC 20410-5000. When providing comments, please refer to OMB Approval No. 2577-0157.

This collection of information requires that each eligible applicant submit comprehensive plan information to HUD every six years in order to receive its annual formula grant. This information will be used by HUD to determine whether the comprehensive plan/annual submission meets statutory and regulatory requirements for the annual formula grant. Responses to the collection are required by Section 14(e)(1)(B) of the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

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## Instructions for Preparation of Form HUD-52833, Management Needs Assessment

**Report Submission:** Prepare one form HUD-52833 for the entire PHA and submit to HUD as part of the submission of the original Comprehensive Plan in the first year of participation in the Capital Fund Program (CFP) and every sixth year when a complete revision of the management needs assessment is required. On an as-needed basis, submit a revised form whenever management needs have significantly changed since the last needs assessment and the PHA wishes to include those needs in the Five-Year Action Plan.

### Heading Instructions:

**PHA Name.** Enter the PHA Name.

**Original or Revision Number.** Self-explanatory. Every sixth year a new original is prepared.

### Column Instructions:

**General Description of Management Needs.** Enter a general description of all unfunded and no cost improvements needed to upgrade the management and operation of the PHA and of each viable development so that decent, safe and sanitary living conditions will be provided. Enter only management improvements that are eligible for CFP funding, including any management needs anticipated over the next five years.

**Do not enter any management improvements already funded by CFP or other sources which the PHA plans to complete. However, enter management improvements currently funded under CFP where the PHA plans to reprogram CFP funds for other work under the CFP.**

Identify all current needs related to the mandatory areas set forth in the CFP Guidebook 7485.3, as revised. To the extent that any of these needs are addressed in an existing document, cross-reference that document. For PHAs, an existing document includes a Memorandum of Agreement (MOA) developed in accordance with the provisions of the Public Housing Management Assessment Program (PHMAP) or an Improvement Plan (IP). For example, "improve rent collection, see MOA." If a particular work category is targeted to a specific development, enter the development number in parentheses.

In addition, at the PHA's option, include other management and operations needs identified through a self-assessment or identified under the PHMAP for PHAs, but not set forth in an MOA or IP.

Describe the needs in broad categories, such as rent collection, preventive maintenance, security, etc. Enter all broad categories of needs without regard to the availability and/or source of funds.

If there are no current needs and the PHA does not anticipate any management needs within the next five years, enter a statement to that effect in this section. Such a statement does not preclude the PHA from amending the needs assessment at any time within the five-year period if unforeseen needs arise or from identifying new needs which have occurred when the needs assessment is revised every sixth year.

**Urgency of Need.** For each broad category of need identified under the General Description of Management Needs, enter a number that corresponds to the relative urgency of the need, with "1" reflecting the most urgent need and "5" reflecting the least urgent need.

**Preliminary Estimated PHA-Wide Cost.** Enter the preliminary estimated PHA-wide cost for each broad category of need described in the General Description of Management Needs.

**Total Preliminary Estimated PHA-Wide Cost.** Enter the total preliminary estimated cost for the broad categories listed in the General Description on Management Needs.

**Date Assessment Prepared.** Self-explanatory.

**Source(s) of Information.** Identify the source(s) of information used to develop the General Description of Management Needs. Retain such information in HA files (1) as supporting documentation for the needs assessment, (2) for post-review by HUD, or (3) for submission to HUD upon request.