

**Attachment B.1: The Home Assessment Email Reminder**

[Sent to Head of Household]

Dear [NAME],

We hope you are well! We sent you a letter last week about participating in an optional Home Assessment as a part of the Community Choice Demonstration. This part of the study is also funded by the U.S. Department of Housing and Urban Development (HUD). Staff from Abt Associates are helping with this study.

HUD wants to know if the neighborhoods people live in affect the indoor air quality of the homes of Housing Choice Voucher program recipients. When you enrolled in the Community Choice Demonstration, you were given an informational flyer and letter that mentioned the Home Assessment. We have included a copy of the letter and the flyer with this email.

In the next couple of weeks, a research team member from Abt Associates will contact you to explain the study over the phone. They will be available to answer any questions you may have. The research team member will ask if you would like to set up a time to have an interviewer visit your home. You can pick a time that is best for you. During the appointment at your home, the interviewer will explain the study further. If you want to participate, they will request your consent and then conduct the Home Assessment.

If you require information to be presented in an accessible format or reasonable accommodations to participate in this study, please contact us with any specific requests by calling XXX-XXX-XXXX or emailing XXXX@XXXX.XXX. If you require language assistance to participate in this study, please contact us with any specific language assistance requests or needs.

As described in the attached letter and flyer, there are three parts to the assessment. The whole assessment should take about an hour of your time. The interviewer who visits your home will give you a \$45 gift card as a token of appreciation.

Your participation is voluntary.

If you have any questions or would like to schedule a visit, please contact [NAME] by phone at XXX-XXX-XXXX or by email at XXXX@XXXX.XXX. We will also follow-up with a phone call in the next few weeks to see if you are interested.

Sincerely,

Community Choice Demonstration Study Researcher

*If you require information to be presented in an accessible format or reasonable accommodations to participate in this study, please contact us with any specific requests by calling XXX-XXX-XXXX or emailing XXXX@XXXX.XXX. If you require language assistance to participate in this study, please contact us with any specific language assistance requests or needs.*

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**Paperwork Reduction Act Burden Statement**

This collection of information is voluntary and will be used to evaluate the US Department of Housing and Urban Development's Community Choice Demonstration. Public reporting burden for this collection of information is estimated to average 1 minute per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this collection is OMB 2528-0337 which expires on XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to NAME at [XXXX@XXXXXX.XXX](mailto:XXXX@XXXXXX.XXX) or call XXX-XXX-XXXX.

**Privacy Act Statement**

**Authority:** Section 502 of the Housing and Urban Development Act of 1970 (Public Law 91-609) (12 U.S.C. §§ 1701z-1; 1701z-2(d) and (g)).

**Purpose:** This information is being collected to evaluate changes in the housing quality and health and well-being of families who enrolled in the Community Choice Demonstration (CCD). Data collection will occur between January 2024 and June 2027.

**Routine Use:** Please refer to System of Record Notice.

**Disclosure:** Your participation in this information collection is voluntary and you can choose not to answer any question that is asked. Your responses will not affect your current or future receipt of housing assistance or other benefits.

**SORN ID:** Housing Choice Voucher (HCV) Mobility Demonstration Evaluation Data Files, PD&R/RRE 09

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