those that may be withheld from the public in accordance with the provisions of 5 U.S.C. 552, will be available for Web site viewing and printing in the Commission's Public Reference Room, 100 F Street NE., Washington, DC 20549, on official business days between the hours of 10:00 a.m. and 3:00 p.m. Copies of the filing also will be available for inspection and copying at the principal office of the Exchange. All comments received will be posted without change; the Commission does not edit personal identifying information from submissions. You should submit only information that you wish to make available publicly. All submissions should refer to File Number SR–MIAX–2017–16 and should be submitted on or before May 26, 2017.

For the Commission, by the Division of Trading and Markets, pursuant to delegated authority.16 Eduardo A.Aleman, Assistant Secretary.

[Docket No: SR–MIAX–2017–16]

BILLING CODE 8011–01–P

SMALL BUSINESS ADMINISTRATION

[Disaster Declaration #15123]

Idaho Disaster #ID–00064 Declaration of Economic Injury

AGENCY: Small Business Administration.

SUMMARY: This is a notice of an Economic Injury Disaster Loan (EIDL) declaration for the State of IDAHO, dated 04/27/2017.

Incident: Severe Winter Storms.

Incident Period: 12/22/2016 through 01/19/2017.


EIDL Loan Application Deadline Date: 09/22/2016.

ADDITIONS: Submit completed loan applications to: U.S. Small Business Administration, Processing and Disbursement Center, 14925 Kingsport Road, Fort Worth, TX 76155.


SUPPLEMENTARY INFORMATION: Notice is hereby given that as a result of the Administrator’s EIDL declaration, applications for economic injury disaster loans may be filed at the address listed above or other locally announced locations.

The number assigned to this disaster for economic injury is 151230. The States which received an EIDL Declaration are IDAHO, OREGON.

[Docket No: SD–15123]

BILLING CODE 8011–01–P

SMALL BUSINESS ADMINISTRATION

[Disaster Declaration #14856]

Montana Disaster #MT–00099 Declaration of Economic Injury

AGENCY: U.S. Small Business Administration.

SUMMARY: This is an amendment of the Economic Injury Disaster Loan (EIDL) declaration for the State of Montana, dated 04/28/2017.

Incident: River Conditions Resulting in the Closure of the Yellowstone River.

Incident Period: 08/19/2016 through 09/22/2016.

Effective Date: 04/28/2017.

EIDL Loan Application Deadline Date: 06/20/2017.

ADDITIONS: Submit completed loan applications to: U.S. Small Business Administration, Processing and Disbursement Center, 14925 Kingsport Road, Fort Worth, TX 76155.


SUPPLEMENTARY INFORMATION: The notice of an Economic Injury Declaration for the State of MONTANA dated 09/20/2016 is hereby amended to establish the incident period for this disaster as beginning 08/19/2016 and continuing through 09/22/2016.

Linda E. McMahon, Administrator.

[Docket No: SD–14856]

BILLING CODE 8011–01–P

SOCIAL SECURITY ADMINISTRATION

[Disaster Declaration #11039]

FOR FURTHER INFORMATION CONTACT:

Eduardo A. Aleman, Assistant Secretary.

[FR Doc. 2017–09062 Filed 5–4–17; 8:45 am]

BILLING CODE 8011–01–P

[FR Doc. 2017–09064 Filed 5–4–17; 8:45 am]

BILLING CODE 8025–01–P

Agency Information Collection Activities: Proposed Request and Comment Request

The Social Security Administration (SSA) publishes a list of information collection packages requiring clearance by the Office of Management and Budget (OMB) in compliance with Public Law 104–13, the Paperwork Reduction Act of 1995, effective October 1, 1995. This notice includes revisions of OMB-approved information collections.

SSA is soliciting comments on the accuracy of the agency’s burden estimate; the need for the information; its practical utility; ways to enhance its quality, utility, and clarity; and ways to minimize burden on respondents, including the use of automated collection techniques or other forms of information technology. Mail, email, or fax your comments and recommendations on the information collection(s) to the OMB Desk Officer and SSA Reports Clearance Officer at the following addresses or fax numbers. (OMB), Office of Management and Budget, Attn: Desk Officer for SSA, Fax: 202–395–6974, Email address: OIRA.Reports.Clearance@ssa.gov

Or you may submit your comments online through www.regulations.gov, referencing Docket ID Number SSA–2017–0023.

I. The information collection below is pending at SSA. SSA will submit it to OMB within 60 days from the date of this notice. To be sure we consider your comments, we must receive them no later than July 5, 2017. Individuals can obtain copies of the collection instruments by writing to the above email address.

SSI Notice of Interim Assistance Reimbursement (IAR)—0960–0546. Section 1631(g) of the Social Security Act (Act) authorizes SSA to reimburse an IAR agency from an individual’s retroactive Supplemental Security Income (SSI) payment for assistance the IAR agency gave the individual for meeting basic needs while an SSI claim was pending or SSI payments were suspended or terminated. The State or local agency needs an IAR agreement with SSA to participate in the IAR program. The individual receiving the IAR payment signs an authorization form with an IAR agency to allow SSA to repay the IAR agency for funds paid in advance prior to SSA’s determination on the individual’s claim. The authorization represents the individual’s intent to file for SSI, if they did not file an application prior to SSA receiving the authorization. Agencies who wish to enter into an IAR agreement with SSA need to meet the following requirements:

- **Reporting Requirements**—Each IAR agency agrees to:
  - (a) Notify SSA of receipt of an authorization for initial claims or cases they are appealing, and (b) submit a copy of that authorization either through a manual or electronic process;
  - (c) inform SSA of the amount of reimbursement;
  - (d) submit a written request for dispute resolution on a determination;
  - (e) notify SSA of any deceased claimants who participate in the IAR program and;
  - (f) inform SSA of any deceased claimants who participate in the IAR program and;
  - (g) review and sign an agreement with SSA.

- **Recordkeeping Requirements**—Each participating IAR agency agrees to retain all notices, agreement, authorizations, and accounting forms for the period defined in the IAR agreement for the purposes of SSA verifying transactions covered under the agreement.

- **Third Party Disclosure Requirements**—Each participating IAR agency agrees to send written notices from the IAR agency to the recipient regarding payment amounts and appeal rights.

- **Periodic Review of Agency Accounting Process**—The IAR agency makes the IAR accounting records of paid cases available for SSA review and verification. SSA conducts reviews either onsite or through the mail of the authorization forms, notices to the claimant and accounting forms. Upon completion of the review, SSA provides a written report of findings to the IAR agency director.

The respondents are State IAR officers.

**Type of Request:** Revision of an OMB-approved information collection.

### Reporting Requirements

<table>
<thead>
<tr>
<th>Modality of completion</th>
<th>Number of respondents</th>
<th>Frequency of response</th>
<th>Number of responses</th>
<th>Average burden per response (minutes)</th>
<th>Estimated total annual burden (hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) State notification of receipt of authorization (Electronic Process).</td>
<td>11</td>
<td>Once per SSI claimant</td>
<td>97,330</td>
<td>1</td>
<td>1,622</td>
</tr>
<tr>
<td>(b) State submission of copy of authorization (Manual Process).</td>
<td>27</td>
<td>Once per SSI claimant</td>
<td>68,405</td>
<td>3</td>
<td>3,420</td>
</tr>
<tr>
<td>(c) State submission of amount of IA paid to recipient (using eIAR).</td>
<td>38</td>
<td>Once per SSI claimant</td>
<td>101,352</td>
<td>8</td>
<td>13,514</td>
</tr>
<tr>
<td>(d) State request for determination—dispute resolution.</td>
<td>(')</td>
<td>As needed</td>
<td>2</td>
<td>30</td>
<td>1</td>
</tr>
<tr>
<td>(e) State computation of reimbursement due from SSA using Form SSA–L8125–F6.</td>
<td>38</td>
<td>Once per SSI claimant</td>
<td>1,524</td>
<td>30</td>
<td>762</td>
</tr>
<tr>
<td>(f) State notification to SSA of deceased claimant</td>
<td>20</td>
<td>As needed when SSI claimant dies while claim is pending.</td>
<td>40</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td>(g) State reviewing/signing of IAR Agreement ....</td>
<td>38</td>
<td>Once during life of the IAR agreement.</td>
<td>38</td>
<td>12</td>
<td>456</td>
</tr>
</tbody>
</table>

### Recordkeeping Requirements

| (h) Maintenance of authorization forms | 38 | One form per SSI claimant | 3 | 115,735 | 8,287 |
| (i) Maintenance of accounting forms and notices | 38 | One form per SSI claimant | 101,352 | 3 | 5,068 |

### Third Party Disclosure Requirements

| (j) Written notice from State to recipient regarding amount of payment. | 38 | Once per SSI claimant | 101,352 | 7 | 11,824 |

### Periodic Review of Agency Accounting Process

| (k) Retrieve and consolidate authorization and accounting forms. | 12 | One set of forms per SSI claimant for review by SSA once every 2 to 3 years. | 12 | 3 | 36 |
| (l) Participate in periodic review | 12 | For review by SSA once every 2 to 3 years. | 12 | 16 | 192 |
| (m) Correct administrative and accounting discrepancies. | 6 | To correct errors discovered by SSA in periodic review. | 6 | 4 | 24 |
II. SSA submitted the information collections below to OMB for clearance. Your comments regarding these information collections would be most useful if OMB and SSA receive them 30 days from the date of this publication. To be sure we consider your comments, we must receive them no later than June 5, 2017. Individuals can obtain copies of the OMB clearance packages by writing to OR.Reports.Clearance@ssa.gov.

1. Statement Regarding Marriage—20 CFR 404.726—0960–0017. According to Section 216(h)(1)(A) of the Act, SSA must apply state law when determining an individual’s marital status. Some state laws recognize marriages without a ceremony (i.e., common-law marriages). In such cases, SSA provides the same spouse or widow(er) benefits to the common-law spouses as it does to ceremonially married spouses. To determine common-law spouses, SSA must elicit information from blood relatives or other persons who are knowledgeable about the alleged common-law relationship. SSA uses Form SSA–753, Statement Regarding Marriage, to collect information from third parties to verify the applicant’s statements about intent, cohabitation, and holding out to the public as married, which are the basic tenets of a common-law marriage. SSA uses the information to determine if a valid marital relationship exists, and if the common-law spouse is entitled to Social Security spouse or widow(er) benefits. The respondents are third parties who can confirm or deny the alleged common-law marriage.

Type of Request: Revision of an OMB-approved information collection.

<table>
<thead>
<tr>
<th>Modality of completion</th>
<th>Number of respondents</th>
<th>Frequency of response</th>
<th>Average burden per response (minutes)</th>
<th>Estimated total annual burden (hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSA–753</td>
<td>40,000</td>
<td>1</td>
<td>9</td>
<td>6,000</td>
</tr>
</tbody>
</table>

2. Statement of Income and Resources—20 CFR 416.207, 146.301–416.310, 416.704, and 416.708—0960–0124. SSA collects information about income and resources for SSI claimants or recipients who are subject to deeming. The respondents are claimants for whose income and resources SSA may deem (consider to be available) to SSI applicants or recipients.

Type of Request: Revision of an OMB-approved information collection.

<table>
<thead>
<tr>
<th>Modality of completion</th>
<th>Number of respondents</th>
<th>Frequency of response</th>
<th>Average burden per response (minutes)</th>
<th>Estimated total annual burden (hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSA–8010–BK</td>
<td>341,000</td>
<td>1</td>
<td>26</td>
<td>147,767</td>
</tr>
</tbody>
</table>

3. Claimant’s Work Background—20 CFR 404.1512(a); 404.1520(a)(4); 404.1565(b); 416.912(a); 416.920(a)(4); 416.965(b)—0960–0300. Sections 205(a) and 1631(e) of the Act provide the Commissioner of Social Security with the authority to establish procedures for determining if a claimant is entitled to disability benefits. The administrative law judge (ALJ) may ask individuals to provide background information on Form HA–4633 about work they performed in the past 15 years. When a claimant requests a hearing before an ALJ to establish an entitlement to disability benefits, the ALJ may request that the claimant provide a work history to assist the ALJ in fully inquiring into statutory issues related to the disability. The ALJ uses the information collected from the claimants on Form HA–4633 to: (1) Identify the claimant’s relevant work history; (2) decide if SSA requires expert vocational testimony and, if so, have a vocational expert available to testify during the hearing; and (3) provide a reference for the ALJ to discuss the claimant’s work history. The ALJ makes the completed HA–4633 part of the documentary evidence of record. The respondents are claimants for disability benefits under Title II or Title XVI who requested a hearing before an ALJ after SSA denied their application for disability payment.

Type of Request: Revision of an OMB-approved information collection.

---

1 Average of about 2 States per year.

2 Hours.

3 Includes both denied and approved SSI claims.
4. Social Security Administration
Eligible Non-Attorney Representative—
20 CFR 404.1717, 404.1745–404.1799,
416.1517, and 416.1545–416.1599—
0960–0699. Section 3 of the Social
Security Disability Applicants Access to
Professional Representation Act (PRA)
of 2010, Public Law 111–142,
permanently extends the direct payment
provision of Section 303 of the Social
Security Protection Act (SSPA) of 2004,
Public Law 108–203. The PRA permits
SSA to extend direct payment of
approved fees from claimants’ past-due
benefits to certain non-attorney
representatives. Prior to the enactment
of the SSPA and PRA, only attorneys
could receive direct payment of SSA-
approved fees. Under the PRA, non-
attorneys must meet certain
prerequisites to be eligible for direct
payment of fees. These prerequisites
include: (1) A bachelor’s degree from an
accredited institution of higher
education, or four years of relevant
professional experience and a high
school diploma or General Education
Development certificate; (2) passing a
written examination administered by
SSA testing the knowledge of relevant
provisions of the Act under Titles II
and XVI; (3) securing and maintaining
continuous professional liability
insurance, or equivalent, to protect
claimants from malpractice; (4) passing
a criminal background check; (5)
demonstrating ongoing completion of
continuing education courses. The PRA
requires SSA to collect the information
needed to determine if applicants have
satisfied these prerequisites. SSA uses
the information we collect on Form
SSA–1691 to determine whether an
applicant has fulfilled the statutory
prerequisites and regulatory
requirements as listed above. To verify
this information, we also request the
five required items listed above from
each new applicant, and we request
items #3 and #5 from all non-attorney
representatives (new and existing) on a
yearly basis. Every year, SSA evaluates
the applications, conducts verification
investigations, and issues
recommendations regarding applicants’
eligibility to sit for the examination and
eligibility to receive direct payment.
The respondents are non-attorneys who
want to receive direct payment of their
fees for representational services before
SSA

Type of Request: Revision of an OMB-
approved information collection.

<table>
<thead>
<tr>
<th>Modality of completion</th>
<th>Number of respondents</th>
<th>Frequency of response</th>
<th>Average burden per response (minutes)</th>
<th>Estimated total annual burden (hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HA–4633—PDF/paper version</td>
<td>20,000</td>
<td>1</td>
<td>15</td>
<td>5,000</td>
</tr>
<tr>
<td>Electronic Records Express</td>
<td>180,000</td>
<td>1</td>
<td>15</td>
<td>45,000</td>
</tr>
<tr>
<td>Total</td>
<td>200,000</td>
<td></td>
<td></td>
<td>50,000</td>
</tr>
</tbody>
</table>

Dated: May 2, 2017.
Naomi R. Sipple,
Reports Clearance Officer, Social Security
Administration.

[FR Doc. 2017–09084 Filed 5–4–17; 8:45 am]
BILLING CODE 4191–02–P

DEPARTMENT OF STATE

[Public Notice: 9974]

30-Day Notice of Proposed Information Collection: Evacuee Manifest and Promissory Note

ACTION: Notice of request for public comment and submission to OMB of proposed collection of information.

SUMMARY: The Department of State has submitted the information collection described below to the Office of Management and Budget (OMB) for approval. In accordance with the Paperwork Reduction Act of 1995 we are requesting comments on this collection from all interested individuals and organizations. The purpose of this Notice is to allow 30 days for public comment.

DATES: Submit comments directly to the Office of Management and Budget (OMB) up to June 5, 2017.

ADDRESSES: