## LOCCS / VRS

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB Approval No. 2577-0166 (exp. 7/31/2007)

## RESIDENT OPPORTUNITIES AND SELF SUFFICIENCY (ROSS) PROGRAM

Payment Voucher (All Grantees)

disclosed or released outside of HUD, except as permitted or required by law.

## **Capacity Building**

Public reporting burden for this collection of information is estimated to average 15 minutes 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. This agency may not collect thisinformation, and you are not required to complete this form, unless it displays a currently valid OMB control number.

HUD implemented the Line of Credit Control System/Voice Response System (LOCCS/VRS) to process requests for payments to grantees. Grant recipients fill out a voucher form for the applicable HUD program with all the necessary information prior to making a telephone call using a touch tone telephone to initiate the drawdown process. The grantee will be prompted for entering the information and for confirming information that is spoken back by the VRS simulated voice. This information is required to obtain benefits under the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

1. Voucher Number		2. LOC	CS Pgrm. Area	3. Period Covered	by this Request (mm	n/yyyy)	4.		Dartial Dia	sbursement	
090	1 1 1 1		ROSS	from:	to:				Final Disb		
5. Voice Response No. (5 digits, hyphen, 5 more ) 6. Grantee Organ			Grantee Organi	nization's Name 7. Payee Organizat			zation'	ion's Name			
8. Grant or Project No.			6a. Grantee Organization's TIN 7a. Payee Organiza					tion's TIN			
9. Line Item No.	Type of Fur	<u> </u>	uested					Amount	(dollars)	(cents)	
	CAPACITY BUIL										
3000	Capacity Building Activities										
3010	Training										
3011	Consultants										
3012	Other										
9100	Travel Costs									İ	
9400	Administrative Co					i 					
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10. Voucher Total \$							\$			l	
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	the event the funds pro									it rieeus ioi	
Name & Phone Number (including area code) of the person who completed this form			12. Name & Title of Authorized Signatory (type or print clearly)								
					(5):	,					
				13. Signature					14. Date of	Request	
				X		,					
Warning: HUD wil	Il prosecute false claims	and state	ements. Convic	tion may result in c	rımınaı and/or civil p	enalties. (18 U.S.C.	. 1001	1, 1010, 101	2; 31 U.S.C	. 3729, 3802)	

Privacy Statement: Public Law 97-255, Financial Integrity Act, 31 U.S.C. 3512, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions. The purpose of the data is to safeguard the Line of Credit Control System (LOCCS) from unauthorized access. The data are used to ensure that individuals who no longer require access to LOCCS have their access capability promptly deleted. Failure to provide the information requested on the form may delay the processing of your approval for access to LOCCS. While the provision of SSN is voluntary, HUD uses it as a unique identifier for safeguarding the LOCCS from unauthorized access. This information will not be otherwise