LOCCS / VRS

Family Investment Centers Program

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

OMB Approval No. 2577-0166 (exp. 07/31/2007)

Payment Voucher

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 this information, 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 drawdwon 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. L			2. L	OCCS Pgrm. Area 3. Period Covered by this Request (mm/yyyy) 4.				41 = Pa	1 = Partial Disbursement 2 = Final Disbursement		
5. Voice Response No. (5 digits, hyphen, 5 more)				6. Grantee Organi			7. Payee Organizati				
8. Grant or Project No.			6a. Grantee Organization's TIN 7a. Payee Organization				tion's TIN	r's TIN			
9.	Line Item No. Type of Funds			Requested				Amount	(dollars)	* (cents)	
	9610	Administrative Costs								*	
	9620	Other Program Costs							*		
	9630	Supportive Services							*		
	9640	Conversion/Renovation Activities							*		
										*	
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10. Voι							10. Voucher To	tal \$		*	
I o	ertify the data eds for this pro	reported and funds gram. In the event	requ the fu	ested on this vo	oucher are corrected ecome more than	ct and the amoun n necessary, such	t requested is not in excess will be pror	n excess of i	mmediate o	disbursement ted by HUD.	
11.	Name & Phone N of the Person who	umber (including area co completed this form	ode)	1	12. Name & Title of Authorized Signatory (type or print clearly)						
				1	13. Signature				14. Date of	Request	
					X						

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 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 the SSN is voluntary, HUD uses it as a unique identifier for safeguarding the LOCCS from unauthorized access. This information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.