LOCCS / VRS RESIDENT OPPORTUNITIES

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

OMB Approval No. 2577-0166 (exp. 7/31/2007)

AND SELF SUFFICIENCY (ROSS) PROGRAM

Payment Voucher (All Grantees)

Homeownership Supportive Services

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. 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 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 Native American Housing and Self-Determination Act of 1996. The information requested does not lend itself to confidentiality.

1. Voucher Number	2.1	ROSS from: to:			Partial Disbursement Final Disbursement
5. Voice Response	No. (5 digits, hyphen, 5 more)	6. Grantee Organization's Name	7. Payee	Organization's Name	
8. Grant or Project No.		6a. Grantee Organization's TIN	7a. Paye	e Organization's TIN	[
9. Line Item No.	Type of Funds F	equested	1	Amount(dollars)	(cents)
1168	Project Coordinator				
2060	Self Sufficiency Program				<u> </u>
2061	Program Coordinator				
1268	Training Costs				<u> </u>
1368	Individual Savings Accou	nts			
1568	Subcontracting				
1768	Travel Costs				ļ
1169	Contract Administrator				
1868	Administrative Costs				
1968	Indirect Costs				
2080	Homeownership Supporti	ve Services			
		_	0. Voucher Total	\$	i
		on this voucher are correct and the amount requ than necessary, such excess will be promptly			ent needs for this program
	Number (including area code) no completed this form	12. Name & Title of Authorized	Signatory (type or print	clearly)	
		13. Signature			14. Date of Request
		X			
Marning: HIID wil	I prosecute false claims and	statements. Conviction may result in criminal and	Vor civil penalties (18	U.S.C. 1001 1010 1012	· 31 ILS 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.