LOCCS / VRS
Moving to Work
Demonstration Program

**Technical Assistance Grants** 

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

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

## **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.

	simulated voice. This informated itself to confidentiality.	tion is required to	obtain benefits un	der the U.S. Housi	ing Act of I937, as	amended. The inform	nation requested	
1. Voucher/Certification Number 2. L		OCCS Pgrm. Area 3. Period Covered by this Request (mm/y from: to:			/yy)	4. 1 = Partial Disbursement 2 = Final Disbursement		
5. Voice Response No. (5 digits, hyphen, 5 more )		6. Grantee Organization's Name 7.			7. Payee Organiza	7. Payee Organization's Name		
8. Grant No		6a. Grantee Organ	6a. Grantee Organization's TIN No.			7a. Payee Organization's TIN		
9. Line Iter	m No. Type of Fun	ds Requested				Amount (dollars	* (cents)	
0100	MTW Technic	cal Assistance	ssistance				*	
				10. Vouche	r/Certification To	\$ tal:	*	
I certify the	e data reported and funds requ ogram. In the event the funds	ested on this vouc provided become	her are correct an	d the amount requ	ested is not in exc will be promptly 1	ess of immediate distreturned, as directed	oursement needs by HUD.	
	Phone Number (including area code rson who called:	) 1	12. Name & Title of Authorized Signatory (type or print clearly) :					
			3. Signature :			14. Date	of Request :	
Warning:	HUD will prosecute false claims and	<u> </u>	tion may result in cri	minal and/or civil no	naltips (181190 1	001 1010 1012: 31 11	S C 3720 3802\	

warning. Flob will prosecute laise daints and statements. Conviction may result in diffinitial and/of civil perfaities. (16 0.5.C. 1001, 1010, 1012, 31 0.5.C. 3723, 3002)

**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.