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)

Service Coordinators for Public Housing

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 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. L		2. LOCCS Pgrm. Area			4.	4. 1 = Partial Disbursement 2 = Final Disbursement		
5. Voice Response No	. (5 digits, hyphen, 5 n	nore) 6. Grantee Organ	nization's Name		7. Payee Orgar	nization's Na	ıme	
8. Grant or Project No.		6a. Grantee Orga	6a. Grantee Organization's TIN 7a. Payee Org			anization's TIN		
9. Line Item No.	Type of Funds	Requested			'	Ar	mount (dollars)	(cents)
9810	Administrative (Costs						
9820	Other Program	Expenses						j
9830	Training							<u> </u>
9840	Salaries							
9850	Fringe							
				10.	Voucher Total	\$		j I
		equested on this vouc ds provided become						
11. Name & Phone Number (including area code) of the person who completed this form			12. Name & Title of Authorized Signatory (type or print clearly)					
		-	13. Signature				14. Date of R	equest
Warning: HIID will n	rosocuto falso olaima	and statements. Convident	X	iminal and/or civil n	onaltice (19119)	1001 101	10 1012: 21 115 0	3720 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.