IDIS Access Request - TCAP ONLY

This form is to be completed by the recipient's (or grantee's) chief executive officer or designated representative. Send notarized original to the Office of Affordable Housing Programs.

Public reporting burden for this collection of information is estimated to average **.25** hours. This includes the time for collecting, reviewing, and reporting the data. The information is being collected for **IDIS** and will be used for **IDIS access**. Response to this request for information is **required** in order to receive the benefits to be derived. 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.

Privacy Act 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 which will be used by HUD to protect disbursement data from fraudulent actions. The purpose of the data is to safeguard the Integrated Disbursement and Information System (IDIS) from unauthorized access. The data are used to ensure that individuals who no longer require access to IDIS have their access capability promptly deleted. This information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide the information requested on the form may delay the processing of your approval for access to IDIS.

Action						
New Request Renew Lapsed ID			Drop From IDIS			
Information						
Authorized User's Name (Last, First, MI):			E-mail Address:	E-mail Address:		
Social Security Number (SSN):			Office Phone:	Office Phone:		
Office Address:			UOG Code:	UOG Code:		
Grantee Organiza	tion's Name:		I			
Set Up Activity	Requ	horized Functions: est Drawdown nd generate reports even if	Approve Dr			
Authorizatio	า					
Authorized User's Signature			[Date		
HHQ Approval (OAHP Director or Designee)]	Date		
(Note: You can't authorize yourself, only your CEO or "grant holder" can.)			Notary (signa	Notary (signature and date)		
l authorize the p with the functio	person above to ac ns checked.	cess IDIS,				
Approved by:	Name:					
	Title:					
Office Address:	Street		City	ST	ZIP	
	Office Phone:					
Approving Official's Signature			[Date		
Warning: HUD will ; 1010, 1012; 31 U.S.(and statements. Convictio	n may result in criminal a	nd/or civil penalties.	(18 U.S.C. 1001	