LOCCS / VRS Tenant Resource Network Program

U.S. Department of Housing and Urban Development Office of Housing Federal Housing Commissioner OMB Control No# 2502-xxxx Exp. xx/xx/xxxx

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 Oredit Control System/Voice Response System (LOCCS/RS) 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 size lated voice. This information is required to obtain benefits, under the U.S. Hou is no Act of 1937, as amended. The information process and lend itself to confidentiality.

. Voucher Number		2. LOCCS Pgrm. Area	3. Period Covered from:	I by this Request (mn to:	n/yyyy)	4.	1 = Partial Disbursement 2 = Final Disbursement	
Voice Response N	lo. (5 digits, hyphen, 5 mo		ation's Name		7. Payee	Organization's		
. Grant or Project No. 6a. G		6a. Grantee Orga	a. Grantee Organization's TIN		7a. Paye	7a. Payee Organization's TIN		
). Line Item No.	Type of Fun	ds Requested	sted		Amo	Amount (dollars) * (cents)		
L010	Required Outrea	 ch						
L015	Targeted Outreach							
L020	Administration							
L030	Property Assessments							
1040	Other Eligible Activities							
			10). Voucher Tot	al \$			
sbursement ned rected by HUD).	In the event the fur	nds provided be	come more than i	necessary, s	uch excess	excess of immediate is will be promptly returned, as	
Name and Phone Number (including area code) the person who completed this form			12. Name & Title of Authorized Signatory (type or print clearly)					
		13. Sig	nature			14. Date of	Request (mm/dd/yyyy)	

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.