
Public reporting burden for this collection of information is estimated to average 1 hours 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 conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. The information is basic to the operations of the Congregate Housing Services Program. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. The controls must be maintained as long as current grants are in operation. Section 802 of the National Affordable Housing Act authorizes/requires matching funds and participant fee collections that are reported on these forms. The rule at 24 CFR 700.155(d) requires grantees to submit these forms. The information will be used by State/Area offices to ensure that grant funds are being used properly. This includes grantees' expense of appropriate grant monies during each annual grant period and the use of grant funds to provide eligible activities to eligible residents, and to ensure that statutory requirements are being met. Program staff use the information to compile annual program data. Grantees must complete forms and report grant activity in order to continue receiving grant funds. Each grantee is required to maintain confidentiality of information related to any individual, per the Privacy Act of 1974.

Instructions for the

Congregate Housing Services Program (CHSP)

CHSP Grant Payment Voucher:

The CHSP Payment Voucher form must be completed for each request of CHSP grant funds. Prepare the Payment Voucher form prior to calling HUD to request funds from the Line of Credit Control System (LOCCS). Telephone the Preservation Voice Response System (VRS) at (703) 391-1400 and provide your security ID. After completing the call, keep a copy of the form in the Grantee's Program file. The original of the form must be received by the Government Technical Representative at the HUD Field Office/FmHA State Office within five days after the call-in.

Instructions:

- Item 1. **Voucher Number:** Provided by LOCCS / VRS at the time of call-in.
- Item 2. **LOCCS Program Area:** The program code (CHSP) is preprinted in block 2.
- Item 4. **Type of Disbursement:** Check "final" if this is the final disbursement for this phase of Congregate Housing Services Program Award. Otherwise, check "partial."
- Item 5. **Voice Response No:** Enter the 10 digit Voice Response Number assigned by HUD.
- Item 6. **Grantee Organization's Name:** Enter the lead applicant identified in the grant agreement who is legally responsible for completion of the Congregate Housing Services Program activities.
- Item 6a. **Grantee Organization's Tax Identification No:** Enter the Tax (employer) Identification Number shown in item 6 on Standard Form 424 of the Congregate Housing Services Application and the SF 1199A (direct deposit form).
- Item 8. **Grant Number:** Enter the Grantee's grant number shown in the Grant Agreement.
- Item 9. **Type of Funds Requested:** Enter the amount requested in each category (boxes 1010 through 1070). Specify monthly or quarterly reporting period (check one) and fill in the reporting period. If Quarterly, it must be either: 1/1-3/31, 4/1-6/30, 7/1-9/30, 10/1-12/31, or portion thereof. If monthly, it must be from day one of month to day 28, 29, 30, or 31, or portion thereof.
- Item 10. **Voucher Total:** The voice response system (VRS) will confirm the amounts requested in each line item and the total amount requested at the end of the call-in.
- Item 11. **Name & phone number** (including area code) of the authorized person who completed the call-in to VRS. The authorized person is shown on line 3 of form HUD-27054.
- Item 12. **Name and title of person** authorized to approve/sign this certification/voucher.
- Item 13. **Signature** of the person identified in item 12.
- Item 14. **Date of this Request:** Enter the date of the call-in to request funds.