

IDIS OnLine Access Request Instructions

U.S. Department of Housing and Urban Development
Office of Community Planning and Development

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.

GRANTEE & REQUESTOR INSTRUCTIONS

This form is to be completed by the recipient's (or grantee's) Chief Executive Officer or designated representative. **Send notarized original to your local HUD CPD Field Office.**

NOTE: Every IDIS user can view activities and generate reports even if no functions are authorized.

You cannot authorize yourself, only your CEO or "grant holder" can.

GRANTEE & REQUESTOR INFORMATION

REQUEST TYPE	Role to be Performed by Headquarters	Role to be Performed by Field or Local IDIS Administrator
	New Request <input type="checkbox"/>	Drop from IDIS <input type="checkbox"/>
	Renew Lapsed ID <input type="checkbox"/>	Change Function or Program Area <input type="checkbox"/>
	Change Name <input type="checkbox"/>	Add Access for Another Grantee <input type="checkbox"/>
Last 5 Digits of the Social Security Number (SSN): [][][][][]		
Requestor's Name (Last, First, MI):		E-mail Address:
Office Address:		Office Phone: ext.:
Grantee Name in IDIS:		GRANTEE TYPE City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Sub Grantee* <input type="checkbox"/>
DUNS#: [][]-[][][]-[][][][][]		
Please Mark All Necessary Functions & Programs		
Authorized Functions	Set Up Activity <input type="checkbox"/>	Request Drawdown <input type="checkbox"/>
	Approve Drawdown <input type="checkbox"/>	Local IDIS Administrator <input type="checkbox"/>
Program Areas	CDBG <input type="checkbox"/> HOME <input type="checkbox"/> ESG <input type="checkbox"/> HOPWA <input type="checkbox"/>	
	CDBG-R <input type="checkbox"/> TCAP <input type="checkbox"/> HPRP <input type="checkbox"/> Other <input type="checkbox"/>	<small>If other, please specify name of program</small>
*Approval of State Sub Grantee Request – CPD State Coordinator or State Official name, signature and date: Name: _____ Signature _____ Date: _____		

GRANTEE APPROVING OFFICIAL

NOTES: (HUD FIELD OFFICES ONLY)

- Form must be **completed in its entirety and accurately** to prevent delay in processing, such as User's email.
- Please **scan and email the notarized form** to IDISUseridRequests@hud.gov
- Subject of email** should include the following: **Grantee Name** followed by **Type of Request** such as **New, Profile Check, etc.**
- For scanning Instructions using multifunctional devices (MFD), go to <http://hudatwork.hud.gov/po/d/progproc/otcsupport/hardware/printers/setup/index.cfm>

GRANTEE APPROVING OFFICIAL

Approving Official's Name: _____ Title: _____ Office Phone: _____ ext.: _____ Office Address: (Street, City, State, Zip) _____ Signature: _____ Date: _____ <small>I authorize the person above to have access to IDIS functions checked.</small>	NOTARY Date: _____ Signature: _____ SEAL <div style="text-align: center; color: red; font-weight: bold; font-size: 2em; transform: rotate(-45deg);">MUST BE NOTARIZED</div>
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HUD FIELD OFFICES ONLY

Field Office Approval (CPD Director or Designee) Name: _____ Signature: _____ Date: _____
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For more detailed information on how to obtain an IDIS OnLine account, technical assistance and password reset, go to <http://www.hud.gov/office/cpd/systems/idis/idis.cfm> HUD Form 27055 (10/10)
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)

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Office Address:		Office Phone: ext.:
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<small>If other, please specify name of program</small>		
*Approval of State Sub Grantee Request – CPD State Coordinator or State Official name, signature and date:		
Name:		Signature: Date:

GRANTEE APPROVING OFFICIAL

Approving Official's Name: _____

Title: _____

Office Phone: _____ ext.: _____

Office Address: (Street, City, State, Zip)

Signature: _____ Date: _____
I authorize the person above to have access to IDIS functions checked.

NOTARY

Date: _____

(signature)

SEAL

HUD FIELD OFFICES ONLY

Field Office Approval (CPD Director or Designee)

Name: _____ Signature: _____ Date: _____

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