LOCCS / VRS

## **U.S. Department of Housing** and Urban Development Office of Public and Indian Housing

OMB Approval No. 2577-0166 (exp. 11/20/2013)

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. 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. Are					= Partial Disbursement = Final Disbursement			
5. Voice Response No. (5 digits, hyphen, 5 more )		nore ) 6. Grantee Org	anization's Name		7. Payee Orgar	nization's	Name			
8. Grant or Project No.		6a. Grantee O	6a. Grantee Organization's TIN			7a. Payee Organization's TIN				
9. Line Item No.	Type of Funds	Requested	uested				Amount (dollars) (cents)			
9810	Administrative Costs								 	
9820	Other Program Expenses								İ	
9830	Training									
9840	Salaries								 	
9850	Fringe								İ	
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10. Voucher Total					\$			   		
I certify the data re for this program. I	ported and funds re n the event the fun	equested on this vo ds provided becom	ucher are correct ar ne more than neces	nd the amount requals	quested is not in e s will be promptl	excess o ly return	f imn ned, a	nediate disburse as directed by H	ment needs	
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 Re	equest	
Warning: HIID will a	prosecute false claims	and statements. Cor	X	riminal and/or civil n	onaltice (1811.9.0	2 1001 -	1010	1012: 31	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.