

# LOCCS Voice Response System Access Authorization Form

U.S. Department of Housing  
and Urban Development

OMB Approval No. 2535-0102  
(exp. 11/30/2016)

**See Instructions, Public Burden, and Privacy Act statements on back before completing this form**

<p>This form is to be approved by the recipient's (or grantee's) chief executive officer. <b>For new users, reinstate users, and resend user ID</b>, retain a copy and send a <b>notarized original</b> to your HUD Program Office for review.</p>	<p>The Program Office will forward the original form to: <b>U.S. Dept. of Housing and Urban Development Chief Financial Officer, FYM Attention: User Support Branch PO Box 23774 Washington, DC 20026-3774</b></p>	<p>For overnight delivery send to: <b>U.S. Dept. of Housing and Urban Development Chief Financial Officer, FYM Attention: User Support Branch 451 7<sup>th</sup> Street SW, Room 3114 Washington, DC 20410</b></p>
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<p>1. Type of Function (mark one)</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">1 New User</td> <td style="width: 50%;">5 Add New Program Area or Tax ID</td> </tr> <tr> <td>2 Reinstate User</td> <td>6 Change Tax ID</td> </tr> <tr> <td>3 Terminate User</td> <td>7 Change Address</td> </tr> <tr> <td>4 Reset Password for Active Users</td> <td>8 Resend User ID</td> </tr> <tr> <td></td> <td>9 Name Change</td> </tr> </table>	1 New User	5 Add New Program Area or Tax ID	2 Reinstate User	6 Change Tax ID	3 Terminate User	7 Change Address	4 Reset Password for Active Users	8 Resend User ID		9 Name Change	<p>2a. User ID (please leave blank) <b>(CFO USE ONLY)</b></p>	<p>2b. Social Security Number (SSN) <b>(mandatory)</b></p>
1 New User	5 Add New Program Area or Tax ID											
2 Reinstate User	6 Change Tax ID											
3 Terminate User	7 Change Address											
4 Reset Password for Active Users	8 Resend User ID											
	9 Name Change											
<p>3. Authorized User's Name (last, first, mi) <b>Print or Type</b></p>	<p>Title <b>(mandatory)</b></p>	<p>Office Telephone Number (include area code)</p>										

Complete Mailing Address	E-Mail Address
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4. Recipient Organization for which Authority is being Requested

Tax ID	Organization's Name
Tax ID	Organization's Name
Tax ID	Organization's Name

5a. LOCCS Program Area	5b. Program Name	5c. <b>Q</b> = Query Only <b>D</b> = Project Drawdown

6. Authorized User's Signature	Date (mm/dd/yyyy)
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I authorize the person identified above to access LOCCS via the Voice Response System.

7. Approving Official's Name (last, first, mi) <b>Print or Type</b>	Office Telephone Number (include area code)	8. Notary (must be different from user and approving official) Seal, Signature, and Date Notarized (mm/dd/yyyy)
Title	Social Security Number <b>(mandatory)</b>	
Complete Mailing Address	E-Mail Address	
Approving Official's Signature	Date (mm/dd/yyyy)	

9. Program Office Point of Contact's Name (last, first, mi) <b>Print or Type</b>	Office Telephone Number (include area code)
Title	E-Mail Address
Program Office Point of Contact's Signature	Date (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)

Public reporting burden for this collection of information is estimated to average 10 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 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 U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

**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 Housing and Community Development Act of 1987, 42 U.S.C.3543 authorizes HUD to collect the SSN. 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. Provision of the SSN is mandatory. 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. Failure to provide the information requested on the form may delay the processing of your approval for access to LOCCS.

## Instructions for the LOCCS Voice Response Access Authorization Form

### 1. Type of Function:

- (1) **New User:** User does not currently have a LOCCS user ID. Form must be notarized with original signatures.
- (2) **Reinstate User:** Used to reinstate the user's access authorization in LOCCS. Form must be notarized with original signatures.
- (3) **Terminate User:** Used to immediately terminate the user's access authorization in LOCCS.
- (4) **Reset Password for Active Users:** A temporary password will be mailed back to the user to inform him/her of the reset password's value. The user will be required to change the password on the next access to LOCCS.
- (5) **Add New Program Area or Tax ID:** User has a current User ID and will be increasing access capability.
- (6) **Change Tax ID:** User has a current ID and will be changing the Tax ID. **This function is not to be used to change approving official, or substitute a user. Contact Program Office for procedures.**
- (7) **Change Address:** User is changing the current mailing address.
- (8) **Resend User ID.** User has no knowledge of existing User ID.
- (9) **Name Change.** User is requesting their name to be changed.

2. a. **User ID:** This block will be filled in by the User Support Branch.
- b. **Social Security Number. Mandatory.** Used to preclude duplicate issuance of authorization for the same person. See the Privacy Act Statement above. **[Do not use Federal Tax ID Number]**

3. **User Information: All fields are mandatory.** Failure to enter any of these fields will cause the HUD-27054 to be rejected. Enter the user's last name, first name, and middle initial. Enter the user's office phone number. Enter user's mailing address, city, state and zip code. Enter user's e-mail address.

4. **Recipient Organization** for which authority is being requested. This will identify the organization the user will be representing. Enter the organization's Tax ID and organization name.
5. **Program Authority.** Identify the HUD program areas this user will be authorized to access for the recipient organization and then enter the corresponding code(s)/name(s). See <http://portal.hud.gov/hudportal/documents/huddoc?id=prgareas.pdf>
  - a. Enter the 3 or 4-character **LOCCS Program Area**.
  - b. Enter the **Program Name**.
  - c. Enter "**Q**" for Query only access or "**D**" for Project Drawdown access. Users who select Project Drawdown access will automatically receive Query access.
6. **Signature/Date.** The signature of the user requesting access And the date (mm/dd/yyyy) this authorization was signed.
7. **Approval. All fields are mandatory.** Enter the name, office telephone number, title, social security number, office address, signature and date of the approving official representing the grantee. Approving officials **cannot** approve themselves for access to the system, and must be the user's supervisor.
8. **Notary.** Must be different from user and approving official. The official who notarizes the form shall include his/her seal, signature, and date (mm/dd/yyyy). Notary should notarize both signatures. Notary is only required for new user and reinstate user.
9. **Program Office Validation.** The **Program Office** must validate that the grantee is the correct official accessing the grant. The Program Official shall include his/her name, office telephone number, title, e-mail address, signature, and date (mm/dd/yyyy).