eLOCCS

Access Authorization Form

**U.S. Department of Housing
and Urban Development**

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

This form is to be approved by the recipient's (or grantee's) Chief Executive Officer or equivalent. All forms must be sent to your HUD Program Office for review and approval. Retain a copy. **MANDATORY REQUIREMENT**: New User, Reinstate User and Change Secure Systems ID must be NOTARIZED. **GRANTEE –** Mail form to your grant program officer. **PROGRAM OFFICER:** Required to mail the completed and certified form to: **OCFO, User Support Branch (FYMU)** 451 7th Street SW, Room 3114, Washington, DC 20410.

1. Type of Function(s)

1 ☐   New User

2 ☐   Reinstate User

3 ☐   Terminate User

4 ☐   Change Secure Systems ID

5 ☐   Revise Authorizations

6 ☐   Name/Address Change

7 ☐   Other _____

2a. Secure Systems ID

(**mandatory**)

2b. New Secure Systems ID

(if changing ID)

3. Authorized User's Name (last, first, mi) **Print or Type**	Title (**mandatory**)	Office Telephone Number (include area code)

Complete Mailing Address

E-Mail Address

4. **Authorizations** (see next page) are **required** for New User, Reinstate User and Revise Authorization functions. Attach one or more authorization pages as needed. Record the number of attached pages to the right. Each page should be initialed by the Approving Official and HUD Program Office POC.

Number of Authorization Pages Attached

5. Authorized User's Signature

Date (mm/dd/yyyy)

I authorize the person identified above to access eLOCCS via HUD's Secure Systems.

6.LOCCS Approving Official Name (last, first, mi) Print or Type

Title

7. Notary (must be different from user

   and approving official) Seal, Signature, and

   Date Notarized (mm/dd/yyyy)

   E-Mail Address

Secure Systems User ID (mandatory)

   Complete Mailing Address

Office Telephone Number

(include area code)

Approving Official's Signature

Date (mm/dd/yyyy)

8. HUD Program Office Point of Contact's Name (last, first, mi) Print or Type

Title

E-Mail Address

Office Telephone Number (include area code)

HUD 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)

Use one of the blocks below to enter requested authorizations as needed for the Type of Function checked in block 1. Most users should use block 9. Use block 10 if you are requesting access for multiple organizations under the same program area (for example, SCMF users need access to many organizations). Use multiples of this Authorization page as needed. Enter the number of Authorization pages used in block 4.

9. Program Area Authorizations

Reason:

Organization Tax ID:

Organization Name:

Program Area
Program Area Name
Q = Query
D = Drawdown

10. Multiple Organizations for a Single Program Area

Reason:

Program Area:

Program Area Name:

Organization Tax ID
Organization Name
Q = Query
D = Drawdown

11a. Authorized User's Initials and date

11b. Approving Official's Initials and date

11c. HUD Program Office Initials and date

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Instructions for the

eLOCCS Access Authorization Form

For more information, including the LOCCS program area codes and names, go to the following webpage:

http://portal.hud.gov/hudportal/HUD?src=/program_offices/cfo/loccs_guidelines

1.   Type of Function:

   (1) **New User**: User does not currently have eLOCCS access. Form must be notarized with original signatures.

   (2) **Reinstate User**: Used to reinstate the user's access authorization in eLOCCS. Form must be notarized with original signatures.

   (3) **Terminate User**: Used to immediately terminate the user's access authorization to eLOCCS.

   (4) **Change Secure Systems ID**: Used to change the Secure Systems ID recorded in eLOCCS.

   (5) **Revise Authorizations**: Used to add, change, or delete the eLOCCS authorizations for an existing user. Use Reason in block 9 or 10 to describe the purpose of the revision.

   (6) **Name/Address Change:** User is changing name, email, telephone or address information.

   (7) **Other:** Use only as directed by the OCFO User Support Branch.

2a.   **Secure Systems User ID: Field is mandatory.** Approving Officials and Users must register with Secure Systems to obtain their Secure Systems User ID. It is a required field on this form. **If you do not have your Secure Systems ID or have questions, contact your Program Office for procedures.**

2b. **New Secure Systems User ID:** Use only when correcting the Secure Systems ID that eLOCCS has associated with the user.

3. **User Information: All fields are mandatory**. Failure to

enter any of these fields will cause the HUD-27054e to be

rejected and returned for correction. 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. **Authorizations:** Enter the number of authorization pages used. Not needed for all functions.

5. **Signature/Date:** The signature of the user requesting access and the date (mm/dd/yyyy) this authorization was signed.

6. **Approval Official:** Enter the name, office telephone number, title, Secure Systems User ID**,** office address, signature and date of the approving official representing the grantee organization. Approving officials **cannot** approve themselves for access to the system, and must be the organizations chief executive officer or equivalent.

7. **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, reinstate user and change Secure Systems ID functions.

8. **Program Office Validation**. The **HUD Program Office** must

validate that the grantee is the correct official accessing the

grant, and all data as it appears on the form for accuracy. The

Program Official shall include his/her name, office telephone
number, title, e-mail address, signature, and date (mm/dd/yyyy).

9. **Program Area Authorizations:** Enter the reason, organization Tax ID and name, the program area codes and names, and Q for Query or D for Drawdown (which includes query access). Use multiple pages as needed.

Use Reason to explain the authorization request. For example, "new user", "updating authorization", "changing Tax ID", or as directed by HUD.

10. **Multiple Organizations:** Enter reason. Enter multiple organization Tax IDs and names and Q for Query or D for Drawdown for a single program area code and name. Use multiple pages as needed.

11. **Required:**

11a. Authorized Users intiials and date

11b. Approving Official's intials and date

11c. HUD Program Officer's initials and date

Previous editions are obsolete.

Form **HUD-27054e** (X/XXXX)