

eLOCCS Access Authorization Form

U.S. Department of Housing
and Urban Development

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

BUSINESS PARTNER (grantees)- Please review the guidance on PAGE 3 for completion of HUD form 27054e. There is a MANDATORY REQUIREMENT for a NOTARY, signature & seal, for ALL forms submitted requesting "New User, Reinstatement User, and Changing Secure Systems ID". Once completed - Send HUD form 27054e via Secured Email to the HUD Program Officer assigned to your organization. **All fields must be typed in except for signatures and initials.**

HUD PROGRAM OFFICER- Please review all applications for accuracy then submit HUD form(s) 27054e, secured via WinZip, to the designated INTERNAL email address provided for 27054e HUD FORMS.

1. Type of Function(s) 1 New User 2 Reinstatement User 3 Terminate User 4 Change Secure Systems ID 5 Add or Remove Program Areas(s) 6 Add or Remove Tax-ID Number(s) 7 Name/Address Change 8 Other		2a. Secure Systems ID Mandatory; Special Instructions for Termination included in instructions	2b. New Secure Systems ID (If changing Secure Systems ID)
3. Authorized User's Name (last, first, middle initial) (TYPED)		Title (mandatory)	Office Telephone Number (include area code and extension if applicable)
Complete Mailing Address		Personal /Business email must contain the name of the applicant; Generic emails are not accepted	
4. Authorizations (see next page) required for New User, Reinstatement User, Revise Authorization and Terminate user functions. Attach one or more authorization pages as needed. Record the number of attached pages to the right. The Approving Official and HUD Program Office POC should initial each page.			Number of Authorization Pages Attached
5. Authorized User's Signature (must be legible and contain first name, last name, middle initial if used –DocuSign/digital signature not accepted)			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, middle initial) (TYPED)		Title	7. Notary (must be different from user and approving official.) Seal, Signature, and Date Notarized (mm/dd/yyyy)
Personal/Business email must contain the name of the applicant; Generic emails are not accepted		Secure Systems User ID (mandatory)	
Complete Mailing Address		Office Telephone Number (include area code)	
Approving Official's Signature (must be legible and contain first name, last name, middle initial if used – DocuSign/digital signature is not accepted)		Date (mm/dd/yyyy)	
8. HUD Program Office Point of Contact's Name (last, first, mi) Print or Type (HUD Program Officer must be registered in LOCCS Web as a user)		Title	
H-ID		Office Telephone Number (include area code)	
HUD Program Office Point of Contact's Signature (must be legible and contain first name, last name, middle initial if used; DocuSign/digital signature is not accepted)		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)

To complete **reason for block 9** enter requested authorizations from **Type of Function checked in block 1**. Most users should use block 9. **Block 10** is used when 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 of page 1**

9. Program Area Authorizations		
Reason as checked in Block 1		
Organization Tax ID:	Organization Name:	
Program Area ID:	Program Area Name	Q =Query D=Drawdown

10. Multiple Organizations for a Single Program Area			
Reason as checked in Block 1			
Program Area: ID	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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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.

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 Line of Credit Control System (LOCCS) from unauthorized access. The data are used to ensure that individuals who no longer require access to eLOCCS have their access capability promptly deleted. Provision of the Secure Systems ID is mandatory. HUD uses it as a unique identifier for safeguarding the eLOCCS 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 eLOCCS.

Instructions for the eLOCCS Access Authorization Form

For more information concerning the eLOCCS System visit the following webpage:

https://www.hud.gov/program_offices/cfo/finsys/eLOCCS_access/quick_reference

1. Type of Function:

- (1) New User:** User has never had access to the eLOCCS system. 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. **NOTE:**
If the user is still within the organization, The entire form must be completed from blocks 1 through 11c, checking Terminate user in Block 1. If the user is no longer with the organization and they are unable to sign the form, do not include the user id on the form. Security Systems user IDs are considered Personal Identifiable Information (PII) and to post the id, we must have the users' signature as permission. The approving official and page 2, blocks 9, 11 b and c completed as required.
- (4) Change Secure Systems ID:** Used to change the Secure Systems ID recorded in eLOCCS for an existing user.
- (5) Add or Change Program Area:** Add, change, or delete Program Areas for an existing user. Use Reason in block 9 or 10 to describe the purpose.
- (6) Add or Change Tax-ID Number:** Add, change, or delete, Tax-ID number. Use Reason in block 9 or 10 to describe the purpose of the change.
- (7) Name/Address Change:** User is changing name, email, telephone, or address information.
- (8) Other:** There are occasions where none of the above are accurate and OCFO Security will provide guidance for the use of this block

2a. Secure Systems User ID: Field is mandatory. Approving Officials and Users must register with Secure Systems to obtain their **Separate** 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. Do not share User-ids; Access will not be granted for a new user or removed for an existing user.**

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

3. User Information: All fields are mandatory. Failure to enter any of these fields will cause the HUD-27054E rejection and returned to the HUD program Officer 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, which required the user's name. Generic emails are not accepted.**

4. Authorizations: Enter the number of authorization pages used.

5. Signature/Date: Original signature required, must be legible provided by the user requesting access and the date (mm/dd/yyyy) the date authorization signed. Automated signatures for Business Partners not accepted.

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 and Users **cannot** approve themselves for access to the system. The approving official required to be the organization's Chief Executive officer or equivalent as determined by the Senior Management of the Organization. Definition not limited - **Senior management officials -Owner, Executive Director, President, CEO, or Board Officers defined as Chairperson, President, Vice Chairperson, Vice President, Board Secretary or Board Treasurer, Manager, Director, CFO, Treasurer, Tribe Administrator, Tribal Chief used to establish these organizations via Active Partners Performance System (APPS) which sets them up for on-line access. Original signature required, must be legible** and provided by the approving official who signs for the user requesting access and the date authorization is signed. **Automated signatures for Business Partners not accepted.**

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. Note: If the user and approving official are in separate locations, the user should be notarized first, and the notary shall provide a document with the stamp or seal, signature, and date for the user; HUD form 27054e is to be transmitted securely to the Approving Official and the notary for that location will complete block 7 as required. Ensure that the separate notary for the user accompanies the completed form when forwarding to the HUD program officer.**

8. Program Office Certification and Validation. The HUD Program must validate that the grantee is the correct official accessing the funding award. The HUD Program officer must be registered in LOCCS Web as a user. HUD program staff are required to certify **Program Areas for which they are assigned access in the LOCCS system** and all data as it appears on the form for accuracy. The Program Official shall include his/her name, office telephone number, title, USER ID, signature, and date (mm/dd/yyyy).

9. Program Area Authorizations: Enter requested authorizations from **Type of Function checked in block 1 as reason**, organization Tax ID and name, the program area codes and program area names, and Q for Query or D for Drawdown (which includes query access). Use multiple pages as needed.

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.

MANDATORY:

- 11a. Authorized Users initials and date
- 11b. Approving Official's initials and date
- 11c. HUD Program Officer's initials and date

HUD form 27054e expires 6 months from the time the user and approving official have signed and notarized the form.

Previous editions are obsolete

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