

# eLOCCS Access Authorization Form

U.S. Department of Housing  
and Urban Development

OMB Approval No. 2535-0102  
(exp. XX/XX/2026)

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, Reinstate 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.

<b>1. Type of Function(s)</b> 1. New User 2. Reinstate User 3. Terminate User 4. Change Secure Systems ID		5. Add or Remove Program Area(s) 6. Add or Remove Tax-ID Number(s) 7. Name/Address Change 8. Other:		<b>2a. Secure Systems ID</b>  Mandatory (Special Instructions for Termination included in instructions)	<b>2b. New Secure Systems ID</b>  (If changing Secure Systems ID)
<b>3. Authorized User's Name</b> Last Name First Name MI			<b>Title (mandatory)</b>		<b>Office Telephone Number (include area code and extension if applicable)</b>
<b>Complete Mailing Address</b>				Personal/Business email must contain the name of the applicant; Generic emails are not accepted	
<b>4. Authorizations (see next page)</b> Required for New User, Reinstate 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.					<b>Number of Authorization Pages Attached</b>
<b>5. Authorized User's Signature</b> (must be legible and contain first name, last name, middle initial if used – DocuSign/digital signature not accepted)					<b>Date (mm/dd/yyyy)</b>

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

<b>6. LOCCS Approving Official Name</b> Last Name First Name MI		<b>Title</b>	<b>7. Notary (must be different from the user and approving official) Seal, Signature, and Date Notarized (mm/dd/yyyy)</b>
Personal/Business email must contain the name of the applicant; Generic emails are not accepted		<b>Secure Systems User ID (mandatory)</b>	
<b>Complete Mailing Address</b>		<b>Office Telephone Number (include area code)</b>	
<b>Approving Official's Signature (must be legible and contain first name, last name, middle initial if used – DocuSign/digital signature is not accepted)</b>		<b>Date (mm/dd/yyyy)</b>	
<b>8. HUD Program Office Point of Contact's Name</b> (HUD Program Officer must be registered in LOCCS Web as a user) Last Name First Name MI			<b>Title</b>
<b>H-ID</b>			<b>Office Telephone Number (include area code)</b>
<b>HUD Program Office Point of Contact's Signature (must be legible and contain first name, last name, middle initial if used)</b>			<b>Date (mm/dd/yyyy)</b>

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING:** Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C. §§ 287, 1001, 1010, 1012, 1014; 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 here:**

9. Program Area Authorizations <a href="#">*Click here to access the latest list of LOCCS Program Areas</a>					
Reason as checked in Block 1:		Add or Remove Program Area(s)			
Organization Tax-ID:		Organization Name:			
Program Area ID	Program Area Name	Add or Remove	Q = Query D = Drawdown		
10. Multiple Organizations for a Single Program Area <a href="#">*Click here to access the latest list of LOCCS Program Areas</a>					
Reason as checked in Block 1:		Add or Remove Tax-ID Number(s)			
Program Area ID:		Program Area Name:			
Organization Tax-ID	Organization Name	Add or Remove	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 Burden Statement:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, Attention: Departmental Clearance Officer, 451 7th Street SW Room 8210, Washington, DC 20410, or email: PaperworkReductionActOffice@hud.gov.

**Privacy Act Statement:** The Privacy Act of 1974 as amended (5 U.S.C. 552a) and Public Law 97-255, Financial Integrity Act, 31 U.S.C. 3512, authorize collection of this information. The purpose of this information is to safeguard the Line of Credit Control System (LOCCS) from unauthorized access and protect disbursement data from fraudulent actions. Completion of this form is voluntary. However, failure to provide the information may delay the processing of your approval for access. Additional disclosures of this information may be to: give routine disclosures (these are in the System of Records Notice (SORN) that governs collection and disclosure of this privacy information).

## 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](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 the user's mailing address, city, state, and zip code. Enter the user's e-mail address, which requires 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 is required to be the organization's Chief Executive Officer or equivalent as determined by the Senior Management of the Organization. Senior Management officials are defined as: 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. Senior Management may delegate the approving official to the Deputy or Assistant of the same title as the approving official. **Interim and Acting** personnel are not eligible as approving officials. These designations are set to establish these organizations via the Active Partners Performance System (APPS) which sets the organization for Secure Systems access. **OCFO Security reserves the right to request an official organizational chart for review.**

**7. Notary.** Must be different from user and approving official. The notary shall include their seal, signature, and date (mm/dd/yyyy). A notary is required to witness and notarize both signatures. Notary is only required for new users, 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/seal, signature, and date for the user. HUD Form 27054E should then be transmitted securely to the Approving Official, and the notary for that location should 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.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING:** Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C. §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).

Previous editions are obsolete.

Form HUD-27054E (04/2023)

**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.**