# LOCCS /eLOCCS
# Capital Fund Program

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

OMB Approval No. 2577-0166 (exp. 01/31/2021)

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. HUD may not conduct or sponsor, and an applicant is not required to respond to a collection of information unless it displays a currently valid OMB control number.

The Line of Credit Control System (LOCCS) is HUD' primary grant and subsidy disbursement system for the majority of HUD programs. Organizations and individuals have access to those grants through and internet version of LOCCS called eLOCCS, where authorized Business Partners can access, manage and drawdown grant funds. LOCCS is accessed through the Internet Portal, Secure System. Ths information is required to obtain benefits under the U.S. Housing Act of 1937, as amended.

| 1. Voucher Number | 2. LOCCS Pgrm. Area | 3. Period Covered by this Request (mm/yyyy) | 4. |
|---|---|---|---|
| 028 | CFP | from: to: | 1 = Partial Disbursement<br>2 = Final Disbursement |

| 5. Voice Response No. (5 digits, hyphen, 5 more ) | 6. Grantee Organization's Name | 7. Payee Organization's Name |
|---|---|---|
| 8. Grant or Project No. | 6a. Grantee Organization's TIN | 7a. Payee Organization's TIN |

| 9. Line Item No. | Type of Funds Requested | Amount (dollars) * (cents) |
|---|---|---|
| 1406 | Operations | |
| 1408 | Management Improvements | |
| 1410 | Administration | |
| 1480 | General Capital Activity | |
| 1492 | Moving to Work Demonstration | |
| 1501 | PHA Paid debt service | |
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| | 10. Voucher Total | $ |

I certify the data reported and funds requested on this voucher are correct and the amount requested is not in excess of immediate disbursement needs for this program. In the event the funds provided become more than necessary, such excess will be promptly returned, as directed by HUD.

| 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<br>X | 14. Date of Request |

**Warning:** 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; 31 U.S.C. §3729, 3802)

**Privacy Statement:** This **statement** is provided pursuant to the **Privacy Act** of 1974, 5 USC § 552a. The authority for collecting personally identifiable information (PII) in the Regulatory Consistency Communication Board (RCCB) Electronic Feedback Form is based in Section 313 of Public Law 112-95. 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.