

# Funding Approval and HOME Investment Partnerships Agreement

Title II of the National Affordable Housing Act

U.S. Department of Housing  
and Urban Development  
Office of Community Planning  
and Development

OMB Approval No. 2506-0171  
(Exp. 11/30/2001)

Public reporting burden for this collection of information is estimated to average 1 hour 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 conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

The HOME statute imposes a significant number of data collection and reporting requirements. This includes information on assisted properties, on the owners or tenants of the properties, and on other programmatic areas. The information will be used: 1) to assist HOME participants in managing their programs; 2) to track performance of participants in meeting fund commitment and expenditure deadlines; 3) to permit HUD to determine whether each participant meets the HOME statutory income targeting and affordability requirements; and 4) to permit HUD to determine compliance with other statutory and regulatory program requirements. This data collection is authorized under Title II of the Cranston-Gonzalez National Affordable Housing Act or related authorities. Access to Federal grant funds is contingent on the reporting of certain project-specific data elements. Records of information collected will be maintained by the recipients of the assistance. Information on activities and expenditures of grant funds is public information and is generally available for disclosure. Recipients are responsible for ensuring confidentiality when public disclosure is not required.

|                                                                                                                            |                         |                                                                     |              |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------------------------------|--------------|
| 1. Participant Name and Address                                                                                            |                         | 2. Participant Number                                               |              |
|                                                                                                                            |                         | 3. Tax Identification Number                                        |              |
| 4. No Longer Used                                                                                                          | 5. Appropriation Number | 6. No Longer Used                                                   | 7. FY (yyyy) |
| 8. Previous Obligation (Enter "0" for initial FY allocation)                                                               |                         |                                                                     | \$           |
| a. Formula Funds                                                                                                           |                         | \$                                                                  |              |
| b. Community Housing Development Org. (CHDO) Competitive Reallocation                                                      |                         | \$                                                                  |              |
| 9. Current Transaction (+ or -)                                                                                            |                         |                                                                     | \$           |
| a. Formula Funds                                                                                                           |                         | \$                                                                  |              |
| 1. CHDO (For deobligations only)                                                                                           |                         | \$                                                                  |              |
| 2. Non-CHDO (For deobligations only)                                                                                       |                         | \$                                                                  |              |
| b. CHDO Competitive Reallocation or Deobligation                                                                           |                         | \$                                                                  |              |
| 10. Revised Obligation                                                                                                     |                         |                                                                     | \$           |
| a. Formula Funds                                                                                                           |                         | \$                                                                  |              |
| b. CHDO Competitive Reallocation                                                                                           |                         | \$                                                                  |              |
| 11. Special Conditions (check applicable box) <input type="checkbox"/> Not applicable<br><input type="checkbox"/> Attached |                         | 12. Date of Obligation (Congressional Release Date)<br>(mm/dd/yyyy) |              |

This Agreement between the Department of Housing and Urban Development (HUD) and the Participating Jurisdiction/Entity is made pursuant to the authority of the Home Investment Partnerships Act (42 U.S.C. 12701 et seq.). The Participating Jurisdiction's /Entity's approved Consolidated Plan submission/Application and the HUD regulations at 24 CFR Part 92 (as now in effect and as may be amended from time to time) and this HOME Investment Partnership Agreement, form HUD-40093, including any special conditions, constitute part of this Agreement. Subject to the provisions of this Agreement, HUD will make the funds for the Fiscal Year specified, available to the Participating Jurisdiction/Entity upon execution of this Agreement by the parties. All funds for the specified Fiscal Year provided by HUD by formula reallocation are covered by this Agreement upon execution of an amendment by HUD, without the Participating Jurisdiction's execution of the amendment or other consent. HUD's payment of funds under this Agreement is subject to the Participating Jurisdiction's/Entity's compliance with HUD's electronic funds transfer and information reporting procedures issued pursuant to 24 CFR 92.502. To the extent authorized by HUD regulations at 24 CFR Part 92, HUD may, by its execution of an amendment, de-obligate funds previously awarded to the Participating Jurisdiction/Entity without the Participating Jurisdiction's/Entity's execution of the amendment or other consent. The Participating Jurisdiction/Entity agrees that funds invested in affordable housing under 24 CFR Part 92 are repayable when the housing no longer qualifies as affordable housing. Repayment shall be made as specified in 24 CFR Part 92. The Participating Jurisdiction agrees to assume all of the responsibility for environmental review, decision making, and actions, as specified and required in regulation at 24 CFR 92.352 and 24 CFR Part 58.

|                                                                                       |               |          |
|---------------------------------------------------------------------------------------|---------------|----------|
| 13. For the U.S. Department of HUD (Name and Title of Authorized Official)            | 14. Signature | 15. Date |
| 16. For the Participating Jurisdiction/Entity (Name and Title of Authorized Official) | 17. Signature | 18. Date |

19. Check one: ☐ Initial Agreement ☐ Amendment # \_\_\_\_\_

**Instructions for Completing the Funding Approval and HOME Investment Partnerships Agreement, form HUD-40093**

**General Instructions:** This Agreement is used for one of five purposes: 1) the initial Agreement between HUD and the Participating Jurisdiction (PJ) that obligates HOME formula funds; 2) the initial Agreement between HUD and the PJ/entity that obligates Community Housing Development Organization (CHDO) competitive reallocation funds; 3) the amendment to the Agreement that deobligates the amount of a PJ/entity's HOME funds previously obligated because of a reduction by HUD; 4) the amendment to the Agreement that deobligates the amount of a State's HOME funds previously obligated, in order to transfer that amount to a new jurisdiction to meet its minimum participation threshold; or 5) the amendment to the Agreement that reallocates to a State the amount of HOME funds declined by a city/urban county.

For all initial Agreements (purposes #1 and #2), make **five** copies of this Agreement (HUD-40093) and have them signed as originals by the appropriate HUD official, who is usually the Community Planning and Development (CPD) Director in the Field Office. One copy should be held by the Field Office for informational purposes. Three copies should be sent to the jurisdiction (or entity) for signature. The jurisdiction (or entity) should sign all copies and keep one for its records and return two signed as originals to the HUD Field Office. The HUD Field Office should send one copy to the CFO National Accounting Center for recording the contract. Send one copy to Headquarters, OAHP, Attn: Director, Financial and Information Services Division via fax (202-708-1744) or pouch mail (Room 7164). Headquarters will ensure that the correct grant amount and date of obligation are entered in the Integrated Disbursement and Information System, which will obviate changes to commitment, CHDO reservation and expenditure deadlines. Keep one copy for the Field Office files.

For amendments to the Agreement that deobligate funds because of a reduction by HUD (purpose #3), after notification from the Headquarters' Office of Affordable Housing (OAHP) to proceed, make **four** copies of this Agreement (HUD-40093) and have them signed as originals by the appropriate HUD official, who is usually the CPD Director in the Field Office. **It is not necessary to have the jurisdiction sign the form.** The Field Office should send one copy to the jurisdiction (or entity) for its records. Send one copy to the CFO National Accounting Center to initiate the deobligation. Send one copy to Headquarters, OAHP, Attn: Director, Financial and Information Services Division via fax (202-708-1744) or pouch mail (Room 7164) so that Headquarters can track the deobligation. Keep one copy for the Field Office files.

For amendments to the Agreement that deobligate the amount of a State's HOME funds in order to transfer that amount to a new jurisdiction to meet its minimum participation threshold (purpose #4) or that reallocate to a State the amount of HOME funds declined by a city/urban county (purpose #5), make **five** copies of this Agreement (HUD-40093) and have them signed as originals by the appropriate HUD official, who is usually the CPD Director in the Field Office. One copy should be held by the Field Office for informational purposes. Four copies should be sent to the jurisdiction (or entity) for signature. The jurisdiction should sign all copies and keep one for its records and return three signed as originals to the HUD Field Office. The HUD Field Office should send one copy to the CFO National Accounting Center for initiating the deobligation or reallocation.

Send one copy to Headquarters, OAHP, Attn: Director, Financial and Information Services Division via fax (202-708-1744) or pouch mail (Room 7164) so that Headquarters can track the deobligation or reallocation. Keep one copy for the Field Office files.

In addition, form HUD-40093-A, Attachment A to the Funding Approval and HOME Investment Partnerships Agreement, must be attached and sent to Headquarters, OAHP, Attn: Director, Financial and Information Services Division via fax (202-708-1744) or pouch mail (Room 7164) for purposes #4 and #5, as follows:

- The State is transferring HOME funds to a new Jurisdiction to enable a new Jurisdiction to meet its minimum participation threshold amount; or

- The City/Urban County is declining HOME funds.

**1. Participant Name and Address.** Enter the participating jurisdiction's (or entity's) name and address as shown in Item 4 of Standard Form 424.

**2. Participant Number.** Enter the applicable participant number assigned by the HUD Field Office for the PJ/entity that corresponds to the fiscal year source of funds for this transaction.

**3. Tax Identification Number.** Enter the Tax (Employer) Identification Number (TIN) shown in Item 6 of Standard Form 424. For jurisdictions (or entities) that are already participating in the HOME Program, this must be the TIN associated with the jurisdiction (or entity) for the HOME Program.

**4. No Longer Used.**

**5. Appropriation Number.** Enter the Appropriation Number from the HUD-185.1 sub-assigning funds for the Fiscal Year source of funds for this transaction.

**6. No Longer Used.** Note: This item, formally Funding Approval Number, has been replaced by item 19, below.

**7. Fiscal Year.** Indicate the fiscal year (yyyy) source of funds for this transaction. Only funds from this fiscal year are to be included in this transaction. (A separate form must be completed for each FY's funds.)

**8. Previous Obligation.** Enter the total amount of funds that have been previously obligated for this participant for this FY source of funds.

**a. Formula Funds.** Enter the total amount of formula funds previously obligated to the participant. If this is the funding approval form for the participant's initial allocation for the fiscal year, the amount will be "0". If this is a funding approval form for reallocating or deobligating funds, enter the amount from line 10a of the previously submitted form HUD-40093 for the FY identified under item 7.

**b. Community Housing Development Organization (CHDO) Competitive Reallocation.** Enter the amount of funds previously obligated to the PJ/entity by competition for CHDOs. If this is a funding approval form for reallocating or deobligating funds previously allocated by competition for CHDOs, enter the amount from line 10b of the previously submitted form HUD-40093 for the FY identified under item 7.

**9. Current Transaction.** Enter the total amount of funds for this action. Indicate a deobligation either by placing parentheses around the amount deobligated or a minus sign before the amount de-obligated.

**a. Formula Funds.** Of the amount indicated under item 9, indicate the amount that is for formula funds. If this is a formula fund deobligation, show the distribution of that amount of funds under line 9a.1 CHDO funds and/or line 9a.2 non-CHDO funds.

**1. CHDO.** Of the amount indicated under item 9a, indicate the amount that are CHDO funds. If none, enter "0". Note: If this is a CHDO competitive reallocation, enter the amount in 9b.

**2. Non-CHDO.** Of the amount indicated under item 9a, indicate the amount that are Non-CHDO funds. If none, enter "0".

**b. CHDO Competitive Reallocation or Deobligation.** Of the amount indicated on line 9, indicate the amount that is reallocated or deobligated from funds previously reallocated by CHDO competition.

Note: CHDO set-aside funds that are recaptured by HUD are available for reallocation if, within 24 months after the last day of the month in which HUD notifies the PJ of HUD's execution of the HOME Investment Partnerships Agreement (Congressional release date), at least 15 percent of the PJ's allocation is not reserved for CHDOs.

**10. Revised Obligation.** Enter the total amount of funds available to the jurisdiction (or entity) after this transaction (Item 8 plus/minus Item 9).

**a. Formula Funds.** Enter the total amount of formula funds available to the participating jurisdiction after this transaction (item 8a plus/minus item 9a).

**b. CHDO Competitive Reallocation.** Enter the total amount of funds available to the PJ/entity as a competitive reallocation for CHDOs after this transaction (item 8b plus/minus item 9b).

**11. Special Conditions.** If applicable, check the box and attach any special conditions that are part of the Agreement.

**12. Date of Obligation.** The date of obligation is the Congressional release date. The Congressional release date must be the date of the letter notifying the PJ (or entity) of the initial award of funds for the FY identified under item 7. This field is not required if the Agreement is being amended for a deobligation because of a reduction by HUD (purpose #3).

**13. Name and Title of HUD Official.** Enter the name and title of the HUD official who is authorized to sign the Agreement on behalf of HUD. This is usually the Field Office CPD Director.

**14. Signature of HUD Official.** The HUD official signs the Agreement here.

**15. Date.** Enter the date the HUD official signed the form. In the case of initial agreements, this date must be the same date as the date of obligation (item 12).

**16. For the Participating Jurisdiction/Entity (Name and Title of Authorized Office).** Enter the name and title of the official authorized to sign on behalf of the participating jurisdiction/entity. This is not required if the Agreement is being amended for a deobligation because of a reduction by HUD (purpose #3).

**17. Signature of PJ/Entity Official.** The PJ/entity official signs the Agreement here. This is not required if the Agreement is being amended for a deobligation because of a reduction by HUD (purpose #3).

**18. Date.** Enter the date the PJ/Entity official signs the Agreement. This is not required if the Agreement is being amended for a deobligation because of a reduction by HUD (purpose #3). If this is for an initial Agreement, the date must be prior to the date of obligation (item 12) and the date the HUD official signs the form (item 15).

**19. Type of Agreement.** Check either Initial Agreement (purpose #1 or #2) or Amendment # (purpose # 3, #4 or #5). If an amendment, indicate the amendment number.

# Attachment A to the Funding Approval and HOME Investment Partnerships Agreement

Title II of the National Affordable Housing Act

U.S. Department of Housing  
and Urban Development  
Office of Community Planning  
and Development

This form must be used if 1) the State is transferring HOME funds to a new Jurisdiction, or 2) if the City/Urban County is declining HOME funds. Send the form to Headquarters, OAHF, Attn: Director, Financial and Information Services Division via fax (202-708-1744) or pouch mail (Room 7164).

Check one box only.

- ☐ 1. The State is transferring HOME funds to a new Jurisdiction to enable a new Jurisdiction to meet its minimum participation threshold amount.

The State of \_\_\_\_\_  
(Enter the name of the State that the HOME funds are being transferred from)

Grant Number \_\_\_\_\_  
(Enter the State Grant Number) (and the FY(yyyy))

is transferring \$ \_\_\_\_\_ to \_\_\_\_\_  
(enter the amount of HOME funds being transferred) Enter the name of the PJ receiving the HOME funds)

Grant Number \_\_\_\_\_  
(Enter the PJ Grant Number) (and the FY(yyyy))

Revised obligation for the State \$ \_\_\_\_\_  
(original obligation minus the amount transferred)

Revised obligation for the new PJ \$ \_\_\_\_\_  
(original obligation plus the amount transferred)

If the State and new Participating Jurisdiction are overseen by different Field Offices:

\_\_\_\_\_ State's Field Office New Jurisdiction's Field Office

- ☐ 2. The City/Urban County is declining HOME funds.

The City/County of \_\_\_\_\_ is declining the FY (yyyy) \_\_\_\_\_  
(Enter the name of the PJ that declined)

allocation of \$ \_\_\_\_\_

Revised obligation for the State \$ \_\_\_\_\_

If the declining Jurisdiction and the State are overseen by different Field Offices:

\_\_\_\_\_ State's Field Office Declining Jurisdiction's Field Office

Prepared by \_\_\_\_\_ at \_\_\_\_\_ in \_\_\_\_\_  
(Name) (Phone/email) (Field Office)

| U.S. Department of Housing and Urban Development<br><b>FUNDS RESERVATION &amp; CONTRACT AUTHORITY</b>                                                                                                                                                                                                                                                                   |                       |                                 |                                     |                                                    |                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|-------------------------------------|----------------------------------------------------|-----------------|
| 1A. NAME AND ADDRESS OF PROJECT IDENTIFICATION                                                                                                                                                                                                                                                                                                                          |                       |                                 |                                     | 1B. PROJECT CONTRACT, IAA OR PURCHASE ORDER NUMBER |                 |
|                                                                                                                                                                                                                                                                                                                                                                         |                       |                                 |                                     | 2. DATE OF PREPARATION<br>(Month, Day and Year)    |                 |
| 3. RESERVATION NUMBER                                                                                                                                                                                                                                                                                                                                                   |                       |                                 | 4. NAME AND TITLE OF SOURCE OFFICER |                                                    |                 |
| <b>5. Funding and Accounting Classification</b>                                                                                                                                                                                                                                                                                                                         |                       |                                 |                                     |                                                    |                 |
| APPROPRIATION OR FUND SYMBOL<br>A                                                                                                                                                                                                                                                                                                                                       | COST CENTER CODE<br>B | SUB-OBJECT CLASS CODE<br>C      | RESERVATION OUTSTANDING<br>D        | INCREASE (Decrease)<br>E                           | NET AMOUNT<br>F |
|                                                                                                                                                                                                                                                                                                                                                                         |                       |                                 |                                     |                                                    |                 |
|                                                                                                                                                                                                                                                                                                                                                                         |                       |                                 |                                     |                                                    |                 |
|                                                                                                                                                                                                                                                                                                                                                                         |                       |                                 |                                     |                                                    |                 |
|                                                                                                                                                                                                                                                                                                                                                                         |                       |                                 |                                     |                                                    |                 |
|                                                                                                                                                                                                                                                                                                                                                                         |                       |                                 |                                     |                                                    |                 |
|                                                                                                                                                                                                                                                                                                                                                                         |                       |                                 |                                     |                                                    |                 |
| NET TOTALS                                                                                                                                                                                                                                                                                                                                                              |                       |                                 |                                     |                                                    |                 |
| <b>6. Purpose of This Action (Check Applicable Box(es))</b>                                                                                                                                                                                                                                                                                                             |                       |                                 |                                     |                                                    |                 |
| A. <input type="checkbox"/> INITIAL RESERVATION<br>B. <input type="checkbox"/> INCREASE OR (Decrease) RESERVATION (Amendment Number _____ )<br>C. <input type="checkbox"/> CANCEL RESERVATION (Bracket Amount in 5E)<br>D. <input type="checkbox"/> EXECUTE, AMEND OR WAIVE CONTRACT                                                                                    |                       |                                 |                                     |                                                    |                 |
| 7A. DESCRIPTION OF PROJECT                                                                                                                                                                                                                                                                                                                                              |                       |                                 | 7B. CONTRACT CONDITIONS (If any)    |                                                    |                 |
| 8A. DATE (Mo., Day and Year)                                                                                                                                                                                                                                                                                                                                            |                       | 8B. SIGNATURE OF SOURCE OFFICER |                                     |                                                    |                 |
| <b>9. To Be Completed by the Originating Office</b>                                                                                                                                                                                                                                                                                                                     |                       |                                 |                                     |                                                    |                 |
| RECOMMENDATION AND AUTHORIZATION (If Required):                                                                                                                                                                                                                                                                                                                         |                       |                                 |                                     |                                                    |                 |
| In accordance with authority vested in or delegated to the undersigned; in consequence of provisions and requirements of applicable law; under decisions of record regarding the project or program identified in Block 1B above; and with determination that the actions in Block 5 are in the public interest, those actions are recommended and authorized herewith: |                       |                                 |                                     |                                                    |                 |
| A. RECOMMENDED (Signature)                                                                                                                                                                                                                                                                                                                                              |                       |                                 | D. AUTHORIZED (Signature)           |                                                    |                 |
| B. TITLE                                                                                                                                                                                                                                                                                                                                                                |                       |                                 | E. TITLE                            |                                                    |                 |
| C. DATE (Mo., Day & Year)                                                                                                                                                                                                                                                                                                                                               |                       |                                 | F. DATE (Mo., Day & Year)           |                                                    |                 |
| G. OFFICIAL PRESS RELEASE DATE (Month, Day and Year)                                                                                                                                                                                                                                                                                                                    |                       |                                 |                                     |                                                    |                 |
| <b>10. For Accounting Use Only</b>                                                                                                                                                                                                                                                                                                                                      |                       |                                 |                                     |                                                    |                 |
| <input type="checkbox"/> FUNDS AVAILABLE <input type="checkbox"/> RESERVATION RECORDED OR ADJUSTED TO AMOUNT SHOWN IN 5F                                                                                                                                                                                                                                                |                       |                                 |                                     |                                                    |                 |
| By _____                                                                                                                                                                                                                                                                                                                                                                |                       |                                 | Date _____                          |                                                    |                 |

**HUD NOTIFICATION  
U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
WASHINGTON, DC 20410**

FIELD OFFICE:

ACTION:

DESCRIPTION:

| RECIPIENT | CONGRESSIONAL | DISTRICT | AMOUNT |
|-----------|---------------|----------|--------|
|-----------|---------------|----------|--------|

PROJECT HIGHLIGHTS:

RECIPIENT CONTACT:  
PHONE:

HUD CONTACT:  
PHONE:

| CONGRESSIONAL DELEGATION: | PARTY: | DATE: |
|---------------------------|--------|-------|
|---------------------------|--------|-------|

SUMMARY OF NOTIFICATION ACTION:

Secretary \_\_\_\_\_ Deputy Secretary \_\_\_\_\_ Asst. Secretary \_\_\_\_\_ LCR \_\_\_\_\_

Congressional Call Completed To: \_\_\_\_\_ Date: \_\_\_\_\_

CPD Field Office/Program Office \_\_\_\_\_

OFM (Pearl C. Peebles, Ext. 4896)

**Standard Form 1199A**  
(Rev. June 1987)  
Prescribed by Treasury  
Department  
Treasury Dept. Clr. 1076

### DIRECTIONS

- To sign up for direct deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

**SECTION 1 (TO BE COMPLETED BY PAYEE)**

|                                                                                                                                                                                                                                                                                                               |                                                                    |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                            |             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------|
| <b>A</b>                                                                                                                                                                                                                                                                                                      | <b>NAME OF PAYEE</b> ( <i>last, first, middle initial</i> )        |              | <b>D</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>TYPE OF DEPOSITOR ACCOUNT</b> <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS        |             |
|                                                                                                                                                                                                                                                                                                               | <b>ADDRESS</b> ( <i>street, route, P.O. Box, APO/FPO</i> )         |              | <b>E</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>DEPOSITOR ACCOUNT NUMBER</b><br><div style="border: 1px solid black; width: 100%; height: 20px;"></div> |             |
|                                                                                                                                                                                                                                                                                                               | <b>CITY</b>                                                        | <b>STATE</b> | <b>ZIP CODE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                            |             |
|                                                                                                                                                                                                                                                                                                               | <b>TELEPHONE NUMBER</b><br><b>AREA CODE</b>                        |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                            |             |
| <b>B</b>                                                                                                                                                                                                                                                                                                      | <b>NAME OF PERSON(S) ENTITLED TO PAYMENT</b>                       |              | <b>F TYPE OF PAYMENT</b> ( <i>Check only one</i> )<br><input type="checkbox"/> Social Security <input type="checkbox"/> Fed Salary/Mil. Civilian Pay<br><input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _____<br><input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. _____<br><input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor _____<br><input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____ ( <i>specify</i> ) |                                                                                                            |             |
| <b>C</b>                                                                                                                                                                                                                                                                                                      | <b>CLAIM OR PAYROLL ID NUMBER</b><br><br>Prefix _____ Suffix _____ |              | <b>G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY</b> ( <i>if applicable</i> )<br>TYPE _____ AMOUNT _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                            |             |
| <b>PAYEE/Joint PAYEE CERTIFICATION</b><br>I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form I authorize my payment to be sent to the financial institution named below to be deposited to the designated account. |                                                                    |              | <b>JOINT ACCOUNT HOLDERS' CERTIFICATION</b> ( <i>optional</i> )<br>I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                            |             |
| <b>SIGNATURE</b>                                                                                                                                                                                                                                                                                              |                                                                    | <b>DATE</b>  | <b>SIGNATURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                            | <b>DATE</b> |
| <b>SIGNATURE</b>                                                                                                                                                                                                                                                                                              |                                                                    | <b>DATE</b>  | <b>SIGNATURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                            | <b>DATE</b> |

**SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)**

|                        |                           |
|------------------------|---------------------------|
| GOVERNMENT AGENCY NAME | GOVERNMENT AGENCY ADDRESS |
|------------------------|---------------------------|

**SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)**

|                                                                                                                                                                                                                                                                                                                |  |                                                                                                              |                             |  |  |  |                  |  |  |                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------|-----------------------------|--|--|--|------------------|--|--|--------------------------|--|
| NAME AND ADDRESS OF FINANCIAL INSTITUTION                                                                                                                                                                                                                                                                      |  | ROUTING NUMBER                                                                                               |                             |  |  |  |                  |  |  | CHECK<br>DIGIT           |  |
|                                                                                                                                                                                                                                                                                                                |  | <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> |                             |  |  |  |                  |  |  | <div> <div></div> </div> |  |
|                                                                                                                                                                                                                                                                                                                |  | DEPOSITOR ACCOUNT TITLE                                                                                      |                             |  |  |  |                  |  |  |                          |  |
| FINANCIAL INSTITUTION CERTIFICATION                                                                                                                                                                                                                                                                            |  |                                                                                                              |                             |  |  |  |                  |  |  |                          |  |
| <p>I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.</p> |  |                                                                                                              |                             |  |  |  |                  |  |  |                          |  |
| PRINT OR TYPE REPRESENTATIVE'S NAME                                                                                                                                                                                                                                                                            |  |                                                                                                              | SIGNATURE OF REPRESENTATIVE |  |  |  | TELEPHONE NUMBER |  |  | DATE                     |  |

**Financial institutions should refer to the GREEN BOOK for further instructions.**

**THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.**

# IDIS Access Request (Temporary Form, Feb 1999)

Attachment 6  
020299

This form is to be completed by the recipient's (or grantee's) chief executive officer or designated representative. Send notarized original to your local HUD CPD Field Office for review and forwarding to:

U.S. Dept of HUD, CPD  
451 7th St, SW, Rm 7224  
Washington, DC 20410  
ATTN: IDIS Sys Admin FAX: 202-708-3363

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 Integrated Disbursement and Information System (IDIS) from unauthorized access. The data are used to ensure that individuals who no longer require access to IDIS have their access capability promptly deleted. Provision of the SSN is mandatory. HUD uses it as a unique identifier for safeguarding IDIS 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 IDIS.

\* CHANGE NAME/FUNCTIONS/GRANTEE \_\_\_\_\_ RENEW LAPSED ID \_\_\_\_\_ NEW REQUEST \_\_\_\_\_  
ADD ACCESS TO ANOTHER GRANTEE \_\_\_\_\_ DROP FROM IDIS \_\_\_\_\_

Authorized User's Name: (Last, First, MI) \_\_\_\_\_

Soc Sec Num (SSN): \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

Office Address: (Street, City, State, Zip) \_\_\_\_\_

CPD Use: \_\_\_\_\_  
UOG Code: \_\_\_\_\_

Grantee Organization's Name: \_\_\_\_\_  
I am with a CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ STATE SUBGRANTEE \_\_\_\_\_ \*\*

\* ALWAYS MARK ALL THE FUNCTIONS NEEDED.

Authorized Set Up Activity \_\_\_\_\_ Request Drawdown \_\_\_\_\_ Approve Drawdown \_\_\_\_\_  
Functions/ Local IDIS Administrator \_\_\_\_\_  
Program Areas: CDBG \_\_\_\_\_ ESG \_\_\_\_\_ HOME \_\_\_\_\_ HOPWA \_\_\_\_\_

Note: Every IDIS user can view activities and get reports even if no other functions are authorized.

Authorized User's Signature and Date: \_\_\_\_\_ Date \_\_\_\_\_

Field Office Approval (CPD Director or Designee): \_\_\_\_\_ Date \_\_\_\_\_

(NOTE: You can't authorize yourself, only your CEO or "grant holder" can.) Notary (signature and date):  
I authorize the person above to access IDIS, with the functions checked.  
(Typed please)

Approved by: Name \_\_\_\_\_

Title \_\_\_\_\_

Office Phone: (\_\_\_\_) \_\_\_\_\_

Office Address: (Street, City, State, Zip) \_\_\_\_\_

Approving Official's Signature and Date: \_\_\_\_\_

\*\* Approval of State Subgrantee Request - CPD State Coordinator or State Official name, signature, and date:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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)

## **Instructions for Recording, Committing and Disbursing Local Funds**

The local account contains funds that enable the jurisdiction to meet the participation threshold amount described in Section 92.102 of the HOME regulations.

### **A. Instructions for Recording Local Funds in IDIS:**

1. Select option H Receipts Menu from the IDIS Main Menu
2. Select option 01 Receipt Authorization from the Receipts Menu
3. Place an X next to your PJ name and press <Enter>
4. Press <Enter> to confirm the authorization
5. Select option 02 Create Receipt from the Receipts Menu
6. Enter the following:
 

|                      |                         |
|----------------------|-------------------------|
| Receipt Program Code | M                       |
| Fiscal Year          | YYYY of grant number    |
| Source Type          | Select applicable code: |
|                      | MC = Metro City         |
|                      | UC = Urban County       |
|                      | DC = Consortium         |
|                      | SG = State Recipient    |
| Fund Type            | PI                      |
| Amount               | Amount of local funds   |
7. When the information is successfully entered, the following message appears at the bottom of the screen: "Receipt Posted. Please Note Grant and Voucher Number"

### **B. Instructions for Attaching Local Funds to an Activity**

1. Select option I Activity Funding from the IDIS Main Menu
2. Select option 02 Maintain Activity Funding from the Activity Funding Menu
3. Enter the HUD Activity Number committing program income and press <Enter>.
4. Enter an <X> next to the desired grant funds you want to commit and press <Enter>. Screen C04M005 will appear.
5. Enter the amount of local funds under the Funded Amount field and press <Enter>
6. When the information is successfully enter
7. Fiscal Year is optional.

### **C. Instructions for Recording Disbursed Local Funds in IDIS**

1. Select option D (Drawdown) from the Main Menu
2. Select option 01 (Drawdown Authorization) from the Drawdown Menu
3. Place an X next to the PJ Name and press <Enter> which will take you back to the Drawdown Menu.
4. Select option 04 (Create Drawdown/Voucher) from Drawdown Menu and press <Enter>. Screen C04MD10 should appear.
5. Enter all the HUD activity numbers requesting drawdowns and press <Enter>. Screen C04MD11 should appear. You can request up to 60 activities on one voucher request.

6. Enter the draw amounts for each listed activity number. If PI funds have been receipted an additional line will appear for that activity with a Fund Type of PI. When finished entering all the required amounts press <Enter> to save.
7. NOTE: To view more activities on the voucher press enter to save data before paging up or down.
8. Press <Shift> <F10> to initiate drawdown request. The<Shift> < F10> will take you to the C04MD14 screen to review your request. Press <Shift> <F10> again to accept drawdown.

**NOTE:** The drawdown request is not complete until a voucher number is displayed at the bottom of the C04MD14 screen.