@C77G
Voice Response System
5WWYgg 5i h\cf]nUh]cb

I "G"8 YdUfha YbhcZ<ci g]b[
UbX I fVUb 8 Yj Ycda Ybh

GYY=bghfi Wf]cbgžDi V`]W6i fXYbž UbX Df]jUWri5 WfghUha Ybhgcb VUW`YEcfYWca d`Yh]b[`h]g žcfa

This form is to be approved by the recipient's (or grantee's) chief executive officer. **: cf bYk i gYfg UbX fY]bghUhy i gYfg**, retain a copy and send a **bchUf]nYXcf][]bU** and one copy to your local HUD Field Office for review.

The Field Office will forward the original form to:
I "G"8 Ydh cZ<ci g]b[UbX I fVUb 8 Yj Ycda Ybh
7\ ]YZ:]bUbWU`CZZ]WfžMA
DC 6cl &' ++(
K Ug\ ]b[hcbž87 ¨8$$&' !' ++(

For Overnight delivery send to:
7\ ]YZ:]bUbWU`CZZ]WfžMA
() %+h `GhfYYhGK
Fcca `' %%(
K Ug\ ]b[hcbž87 &$(%$

1. Type of Function (mark one)

1	☐ New User	5	☐	Add new Program Area or Tax ID
2	☐ Reinstate User	6	☐	Change Tax ID
3	☐ Terminate User	7	☐	Change Address
4	☐ Reset Password for active users	8	☐	Resend User-ID

2a. User ID (Please leave blank)
········f7: C I G9 CB@ML

2b. Social Security Number (SSN)
(a UbXUhcfm)

3. Authorized User's Name (last, first, mi) Df]b hcf HmdY

Title (a UbXUhcfm)

Office Telephone No. (include area code)

Complete Mailing Address

E-Mail address (if available)

4. Recipient Organization for which Authority is being Requested

Tax ID _____ Organization's Name _____

Tax ID _____ Organization's Name _____

Tax ID _____ Organization's Name _____

5a. LOCCS Program Area	5b. Program Name	5c. **E** = Query Only **8** = Project Drawdown **G** = Project Set-Up (HOME, HOP3) **5** = Admin. Drawdown (HOME, HOP3)

6. Authorized User's Signature

Date (mm/dd/yyyy)

I authorize the person identified above to access LOCCS via the Voice Response System.

7. Approved by name (Last, First, Mi.) Df]b hcf HmdY

Office Telephone Number (include area code)

8. Notary (must be different from user and approving official)
(Seal, Signature, and Date Notarized (mm/dd/yyyy)

Title (a UbXUhcfm)

Social Security Number (a UbXUhcfm)

Complete Mailing Address

E-Mail address (if available)

Approving Official's Signature

Date (mm/dd/yyyy)

Instructions for the
LOCCS Voice Response Access Authorization
Security Form

1. **Type of Function**:

    (1) **New User**: User does not currently have a LOCCS user ID. Form must be notarized with original signatures.

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

    (3) **Terminate User**: will immediately terminate the user's access authorizations in LOCCS.

    (4) **Reset Password for active users:** A temporary password will be mailed back to the user to inform him/her of the reset password's value. The user will be required to change the password on the next access to LOCCS.

    (5) **Add new Program Area or Tax ID:** User has a current user ID and will be increasing access capability.

    (6) **Change Tax ID** : User has a current ID and will be changing the Tax ID. **This function is not to be used to change approving official, or substitute a user. Contact Field Office contact for procedures.**

    (7) **Change Address**: User is changing the current mailing address.

    (8) **Resend User-ID**. User has no knowledge of existing User-ID

2   a. **User ID:** This block will be filled in by the LOCCS Security Officer for all ID's.

    b. **Social Security Number:** Mandatory. Used to preclude duplicate issuance of authorization for the same person. See the Privacy Act Statement above. **[Do not use Federal Tax ID Number]**

3. **User Information: All fields are mandatory.** Failure to enter any of these fields will cause the security request to be rejected. Enter the user's last name, first name, and middle initial. Enter the user's office phone number. Include the area code. Enter user's mailing address, city, State and zip code.

4. **Recipient Organization** for which Authority is being requested. This will identify the organization the user will be representing. Enter the organization's Tax ID and organization name.

5. **Program Authority.** Identify the HUD program(s) this user will be authorized to access for the recipient organization and then enter the corresponding code(s)/name(s). **[Program Office should provide this information.]**

    a./b. Contact your local HUD Field Office for the appropriate 3 or 4-character LOCCS Program Area/Name

    c. Enter either "**Q**" for Query only access, "**D**" for Project Drawdown access. Users who select Project Drawdown access, Project Set-Up access, or Administrative Drawdown access will automatically receive Query access. Persons who have Project Set-Up Authority for a given Tax ID cannot also have Project Drawdown Authority for the same Tax ID. "S" and "A" are reserved for use with the HOME and HOPE Programs.

6. **Signature.** The signature for whom access is being requested and the date (mm/dd/yyyy) this authorization was signed.

7. **Approval.** Enter the name, title, SSN (social security number), office phone, office address, signature and date (mm/dd/yyyy) of the approving official representing the recipient organization. Approving officials **cannot** approve themselves for access to the system, and must be the user's supervisor.

8. **Notary.** Must be different from user and approving official. Seal and signature of the official who notarizes this form and date (mm/dd/yyyy). Notary should notarize both signatures. Notary is only required for <u>new user</u> and <u>reinstate user</u>.