## LOCCS / VRS FY 1999 Service Coordinators for Public Housing – RENEWALS

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

OMB Approval No. 2577-0166 (exp. 08/31/2017)

Payment Voucher

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. 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.

HUD implemented the Line of Credit Control System/Voice Response System (LOCCS/VRS) to process requests for payments to grantees. Grant recipients fill out a voucher form for the applicable HUD program with all the necessary information prior to making a telephone call using a touch tone telephone to initiate the drawdown process. The grantee will be prompted for entering the information and for confirming information that is spoken back by the VRS simulated voice. This information is required to obtain benefits under the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

			CS Pgrm. Area		overed by this Request (mm/yyyy)		4. 1 = Partial Disbursement		
073	1 1 1 1	E	DSS	from:	to:		2 =	Final Disbursement	
5. Voice Response No	o. (5 digits, hyphen, 5 mor	e) 6	. Grantee Organiz	ation's Name		7. Payee Organization	n's Name		
8. Grant or Project No.		6	6a. Grantee Organization's TIN 7a. Payee Organizatio				on's TIN		
9. Line Item No.	Type of Fu	unds Re	equested				Amount	(dollars) * (cents)	
9810	Administrative Costs (Excluding Salaries)						*		
9820	Other Program E	Expens	ses					*	
9830	Supportive Servi	ices						*	
9840	Training							*	
9850	Salaries							*	
								*	
								*	
								*	
								*	
								*	
								*	
								*	
	1					10. Voucher Total	\$	*	
I certify the data needs for this pro	reported and funds	reques	ted on this vo	ucher are corrected	ct and the amour	nt requested is not in h excess will be prom	excess of ir	nmediate disbursement ed, 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)				,	
			1	3. Signature				14. Date of Request	
				X					

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)

**Privacy 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 (except the Social Security Number (SSN)) 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 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. While the provision of SSN is voluntary, HUD uses it as a unique identifier for safeguarding the LOCCS from unauthorized access. This information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.