

**LOCCS / VRS
HOPE VI Program
Payment Voucher**

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

OMB Approval No. 2577-0166 (exp. 1/31/2018)

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review 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 uses the Line of Credit Control System/Voice Response System (LOCCS/VRS) to process requests for payments to HOPE VI Grantees. Grant recipients fill out this voucher form 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 to enter the information and to confirm information that is spoken back by the VRS simulated voice. This information is required to obtain benefits under the HOPE VI Program. The information requested does not lend itself to confidentiality

1. Voucher Number **058** 2. LOCCS Pgrm. Area **URP** 3. Period Covered by this Request (mm/yyyy) from: to: 4. 1 = Partial Disbursement
2 = Final Disbursement

5. Voice Response No. (5 digits, hyphen, 5 more) 6. Grantee Name 7. Not applicable
8. HOPE VI Grant Number 6a. PHA's TIN 7a. Not applicable

9. Line Item No.	Type of Funds Requested	Amount (dollars) * (cents)
1408	Management Improvement / Community + Supportive Services	*
1410	Administration	*
1430	Fees & Costs	*
1440	Site Acquisition	*
1450	Site Improvement	*
1460	Dwelling Structures	*
1465	Dwelling Equipment - Non-Expendable	*
1470	Non-Dwelling Structures	*
1475	Non-Dwelling Equipment	*
1485	Demolition	*
1495	Relocation Costs	*

*

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)
12. Signature X
13. Date of Request

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 the 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.