Please read the Instructions and the Public Reporting Statement before completing this form

1. Voucher Number: 043
2. LOCCS Pgrm. Area: CHSP
3. Period Covered by this Request: Monthly
4. Type of Disbursement: 2 = Final
5. Voice Response No. (5 digits, hyphen, 5 more): 043 CHSP
6. Grantee Organization’s Name: 
7. Payee Organization’s Name: 
8. Grant No: 6a. Grantee Organization’s TIN: 
9. Line Item no. Type of Funds Requested Reporting Period (Specify one) Amount:
   1010 Case Management
   1020 Meals
   1030 Personal Assistance
   1040 Housekeeping
   1050 Transportation
   1060 Other (Specify)
   1070 Administration

10. Voucher Total: $ 

Approving Official (FmHA State Office only)

X

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

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)

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: 
14. Date of Request: 

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 Housing and Community Development Act of 1987, 42 U.S.C. 3543, authorizes HUD to collect the SSN. The data are used to ensure that individuals who no longer require access to Line of Credit Control System (LOCCS) have their access capability promptly deleted. Provision of the SSN is mandatory. HUD uses it as a unique identifier for safeguarding LOCCS from unauthorized access. Failure to provide the information requested may delay the processing of your approval for access to LOCCS. This information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.
Instructions for the

Congregate Housing Services Program (CHSP)

CHSP Grant Payment Voucher:

The CHSP Payment Voucher form must be completed for each request of CHSP grant funds. Prepare the Payment Voucher form prior to calling HUD to request funds from the Line of Credit Control System (LOCCS). Telephone the Preservation Voice Response System (VRS) at (703) 391-1400 and provide your security ID. After completing the call, keep a copy of the form in the Grantee’s Program file. The original of the form must be received by the Government Technical Representative at the HUD Field Office/FmHA State Office within five days after the call-in.

Instructions:

Item 1. **Voucher Number:** Provided by LOCCS / VRS at the time of call-in.

Item 2. **LOCCS Program Area:** The program code (CHSP) is preprinted in block 2.

Item 4. **Type of Disbursement:** Check "final" if this is the final disbursement for this phase of Congregate Housing Services Program Award. Otherwise, check "partial."

Item 5. **Voice Response No:** Enter the 10 digit Voice Response Number assigned by HUD.

Item 6. **Grantee Organization’s Name:** Enter the lead applicant identified in the grant agreement who is legally responsible for completion of the Congregate Housing Services Program activities.

Item 6a. **Grantee Organization’s Tax Identification No:** Enter the Tax (employer) Identification Number shown in item 6 on Standard Form 424 of the Congregate Housing Services Application and the SF 1199A (direct deposit form).

Item 8. **Grant Number:** Enter the Grantee’s grant number shown in the Grant Agreement.

Item 9. **Type of Funds Requested:** Enter the amount requested in each category (boxes 1010 through 1070). Specify monthly or quarterly reporting period (check one) and fill in the reporting period. If Quarterly, it must be either: 1/1-3/31, 4/1-6/30, 7/1-9/30, 10/1-12/31, or portion thereof. If monthly, it must be from the first day of month to the last day of the month, or portion thereof.

Item 10. **Voucher Total:** The voice response system (VRS) will confirm the amounts requested in each line item and the total amount requested at the end of the call-in.

Item 11. **Name & phone number** (including area code) of the authorized person who completed the call-in to VRS. The authorized person is shown on line 3 of form HUD-27054.

Item 12. **Name and title of person** authorized to approve/sign this certification/voucher.

Item 13. **Signature** of the person identified in item 12.

Item 14. **Date of this Request:** Enter the date of the call-in to request funds.