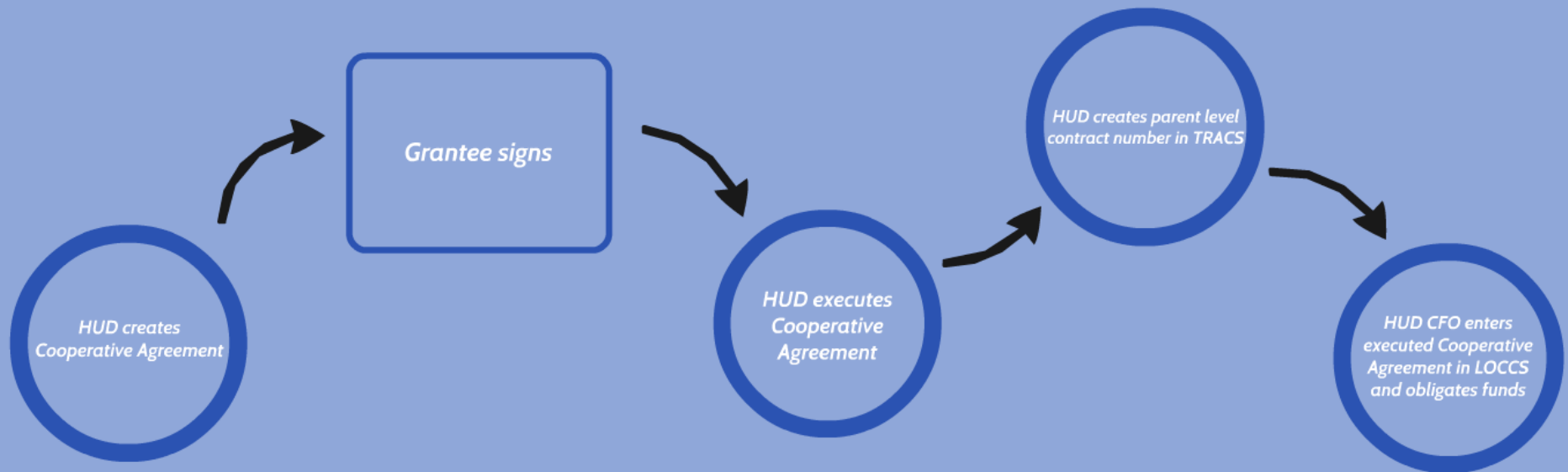


Cooperative Agreement





*HUD creates parent level
contract number in TRACS*



*HUD CFO enters
executed Cooperative
Agreement in LOCCS
and obligates funds*

Direct Deposit

Standard Form 1190A (G) Rev. June 1997 Prescribed by Treasury Department Treasury Dept. Ex. 103		DIRECT DEPOSIT SIGN-UP FORM		OMB No. 1550-0047	
<p>DIRECTIONS:</p> <ul style="list-style-type: none">• 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. Give the complete check on the back of this form. This information is also listed on beneficiary's 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)					
A. NAME OF PAYEE (Last, first, middle initial)		D. TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS			
ADDRESS (street, route, P.O. Box, APO/FPO)		E. DEPOSITOR ACCOUNT NUMBER			
CITY STATE ZIP CODE					
TELEPHONE NUMBER		F. TYPE OF PAYMENT (Check only one)			
AREA CODE		<input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/M. Civilian Pay			
B. NAME OF PERSON(S) ENTITLED TO PAYMENT		<input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> VA Active			
		<input type="checkbox"/> Railroad Retirement <input type="checkbox"/> MI Rents			
		<input type="checkbox"/> Civil Service Retirement (CSRS) <input type="checkbox"/> MI Service			
		<input type="checkbox"/> VA Compensation or Pensions <input type="checkbox"/> Other			
C. CLAIM OR PAYROLL NUMBER		G. THIS BOX FOR ALLOTMENT OF PAYMENT ONLY, if applicable			
Check Serial		TYPE AMOUNT			
PAYEE JOINT PAYEE CERTIFICATION		JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)			
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.		I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.			
SIGNATURE DATE		SIGNATURE DATE			
SIGNATURE DATE		SIGNATURE DATE			
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 BOX	
		DEPOSITOR ACCOUNT TITLE			
FINANCIAL INSTITUTION CERTIFICATION					
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.					
PRINT OR TYPE REPRESENTATIVE'S NAME		SIGNATURE OF REPRESENTATIVE		TELEPHONE NUMBER DATE	
Revised instructions should refer to the GREEN BOOK for further instructions.					
THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.					
GOVERNMENT AGENCY COPY					
1190-207 109-104-11-109-104 Designed using FormPro Pro, VISION-SON, Mar 97					

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.

A NAME OF PAYEE (<i>last, first, middle initial</i>)		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>)		E DEPOSITOR ACCOUNT NUMBER <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
CITY	STATE	ZIP CODE	F TYPE OF PAYMENT (<i>Check only one</i>) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> VA Compensation or Pension </div> <div> <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Mil. Active <input type="checkbox"/> Mil. Retire. <input type="checkbox"/> Mil. Survivor <input type="checkbox"/> Other _____ <div style="text-align: right;"><i>(specify)</i></div> </div> </div>
B NAME OF PERSON(S) ENTITLED TO PAYMENT		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>) <div style="display: flex;"> <div style="flex: 1;"> TYPE </div> <div style="flex: 1;"> AMOUNT </div> </div>	
C CLAIM OR PAYROLL ID NUMBER <div style="display: flex; justify-content: space-between;"> <div>Prefix</div> <div>Suffix</div> </div>		JOINT ACCOUNT HOLDERS' CERTIFICATION (<i>optional</i>) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
PAYEE/JOINT PAYEE CERTIFICATION 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.			
SIGNATURE	DATE	SIGNATURE	DATE
SIGNATURE	DATE	SIGNATURE	DATE

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)	
GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER		CHECK DIGIT
		<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>		<div></div>
		DEPOSITOR ACCOUNT TITLE		
<p align="center">FINANCIAL INSTITUTION CERTIFICATION</p> <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	

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

Reset

LOCCS

Form 27054

1. **NAME** _____
 2. **DATE** _____
 3. **CLASS** _____
 4. **SECTION** _____
 5. **TEACHER** _____
 6. **SUBJECT** _____
 7. **TOPIC** _____
 8. **DATE** _____
 9. **CLASS** _____
 10. **SECTION** _____
 11. **TEACHER** _____
 12. **SUBJECT** _____
 13. **TOPIC** _____
 14. **DATE** _____
 15. **CLASS** _____
 16. **SECTION** _____
 17. **TEACHER** _____
 18. **SUBJECT** _____
 19. **TOPIC** _____
 20. **DATE** _____
 21. **CLASS** _____
 22. **SECTION** _____
 23. **TEACHER** _____
 24. **SUBJECT** _____
 25. **TOPIC** _____
 26. **DATE** _____
 27. **CLASS** _____
 28. **SECTION** _____
 29. **TEACHER** _____
 30. **SUBJECT** _____
 31. **TOPIC** _____
 32. **DATE** _____
 33. **CLASS** _____
 34. **SECTION** _____
 35. **TEACHER** _____
 36. **SUBJECT** _____
 37. **TOPIC** _____
 38. **DATE** _____
 39. **CLASS** _____
 40. **SECTION** _____
 41. **TEACHER** _____
 42. **SUBJECT** _____
 43. **TOPIC** _____
 44. **DATE** _____
 45. **CLASS** _____
 46. **SECTION** _____
 47. **TEACHER** _____
 48. **SUBJECT** _____
 49. **TOPIC** _____
 50. **DATE** _____
 51. **CLASS** _____
 52. **SECTION** _____
 53. **TEACHER** _____
 54. **SUBJECT** _____
 55. **TOPIC** _____
 56. **DATE** _____
 57. **CLASS** _____
 58. **SECTION** _____
 59. **TEACHER** _____
 60. **SUBJECT** _____
 61. **TOPIC** _____
 62. **DATE** _____
 63. **CLASS** _____
 64. **SECTION** _____
 65. **TEACHER** _____
 66. **SUBJECT** _____
 67. **TOPIC** _____
 68. **DATE** _____
 69. **CLASS** _____
 70. **SECTION** _____
 71. **TEACHER** _____
 72. **SUBJECT** _____
 73. **TOPIC** _____
 74. **DATE** _____
 75. **CLASS** _____
 76. **SECTION** _____
 77. **TEACHER** _____
 78. **SUBJECT** _____
 79. **TOPIC** _____
 80. **DATE** _____
 81. **CLASS** _____
 82. **SECTION** _____
 83. **TEACHER** _____
 84. **SUBJECT** _____
 85. **TOPIC** _____
 86. **DATE** _____
 87. **CLASS** _____
 88. **SECTION** _____
 89. **TEACHER** _____
 90. **SUBJECT** _____
 91. **TOPIC** _____
 92. **DATE** _____
 93. **CLASS** _____
 94. **SECTION** _____
 95. **TEACHER** _____
 96. **SUBJECT** _____
 97. **TOPIC** _____
 98. **DATE** _____
 99. **CLASS** _____
 100. **SECTION** _____
 101. **TEACHER** _____
 102. **SUBJECT** _____
 103. **TOPIC** _____
 104. **DATE** _____
 105. **CLASS** _____
 106. **SECTION** _____
 107. **TEACHER** _____
 108. **SUBJECT** _____
 109. **TOPIC** _____
 110. **DATE** _____
 111. **CLASS** _____
 112. **SECTION** _____
 113. **TEACHER** _____
 114. **SUBJECT** _____
 115. **TOPIC** _____
 116. **DATE** _____
 117. **CLASS** _____
 118. **SECTION** _____
 119. **TEACHER** _____
 120. **SUBJECT** _____
 121. **TOPIC** _____
 122. **DATE** _____
 123. **CLASS** _____
 124. **SECTION** _____
 125. **TEACHER** _____
 126. **SUBJECT** _____
 127. **TOPIC** _____
 128. **DATE** _____
 129. **CLASS** _____
 130. **SECTION** _____
 131. **TEACHER** _____
 132. **SUBJECT** _____
 133. **TOPIC** _____
 134. **DATE** _____
 135. **CLASS** _____
 136. **SECTION** _____
 137. **TEACHER** _____
 138. **SUBJECT** _____
 139. **TOPIC** _____
 140. **DATE** _____
 141. **CLASS** _____
 142. **SECTION** _____
 143. **TEACHER** _____
 144. **SUBJECT** _____
 145. **TOPIC** _____
 146. **DATE** _____
 147. **CLASS** _____
 148. **SECTION** _____
 149. **TEACHER** _____
 150. **SUBJECT** _____
 151. **TOPIC** _____
 152. **DATE** _____
 153. **CLASS** _____
 154. **SECTION** _____
 155. **TEACHER** _____
 156. **SUBJECT** _____
 157. **TOPIC** _____
 158. **DATE** _____
 159. **CLASS** _____
 160. **SECTION** _____
 161. **TEACHER** _____
 162. **SUBJECT** _____
 163. **TOPIC** _____
 164. **DATE** _____
 165. **CLASS** _____
 166. **SECTION** _____
 167. **TEACHER** _____
 168. **SUBJECT** _____
 169. **TOPIC** _____
 170. **DATE** _____
 171. **CLASS** _____
 172. **SECTION** _____
 173. **TEACHER** _____
 174. **SUBJECT** _____
 175. **TOPIC** _____
 176. **DATE** _____
 177. **CLASS** _____
 178. **SECTION** _____
 179. **TEACHER** _____
 180. **SUBJECT** _____
 181. **TOPIC** _____
 182. **DATE** _____
 183. **CLASS** _____
 184. **SECTION** _____
 185. **TEACHER** _____
 186. **SUBJECT** _____
 187. **TOPIC** _____
 188. **DATE** _____
 189. **CLASS** _____
 190. **SECTION** _____
 191. **TEACHER** _____
 192. **SUBJECT** _____
 193. **TOPIC** _____
 194. **DATE** _____
 195. **CLASS** _____
 196. **SECTION** _____
 197. **TEACHER** _____
 198. **SUBJECT** _____
 199. **TOPIC** _____
 200. **DATE** _____
 201. **CLASS** _____
 202. **SECTION** _____
 203. **TEACHER** _____
 204. **SUBJECT** _____
 205. **TOPIC** _____
 206. **DATE** _____
 207. **CLASS** _____
 208. **SECTION** _____
 209. **TEACHER** _____
 210. **SUBJECT** _____
 211. **TOPIC** _____
 212. **DATE** _____
 213. **CLASS** _____
 214. **SECTION** _____
 215. **TEACHER** _____
 216. **SUBJECT** _____
 217. **TOPIC** _____
 218. **DATE** _____
 219. **CLASS** _____
 220. **SECTION** _____
 221. **TEACHER** _____
 222. **SUBJECT** _____
 223. **TOPIC** _____
 224. **DATE** _____
 225. **CLASS** _____
 226. **SECTION**

Secure Systems



https://hudapps.hud.gov/public/wass/public/participant/partreg_page.jsp

eLOCCS Registration Guide



http://portal.hud.gov/hudportal/documents/huddoc?id=eloccs_registration_guide.pdf

LOCCS Access Guidelines for Grantees



http://portal.hud.gov/hudportal/HUD?src=/program_offices/cfo/lccs_guidelines

eLOCCS Getting Started Guide



<http://portal.hud.gov/hudportal/documents/huddoc?id=eloccsuide.pdf>

Form 27054

LOCCS Voice Response System Access Authorization Form

U.S. Department of Housing
and Urban Development

OMB Approval No. 2535-0102
(exp. 11/30/2016)

See Instructions, Public Burden, and Privacy Act statements on back before completing this form

This form is to be approved by the recipient's (or grantee's) chief executive officer. For new users, reinstate users, and resend user ID, retain a copy and send a notarized original to your HUD Program Office for review.

The Program Office will forward the original form to:
U.S. Dept. of Housing and Urban Development
Chief Financial Officer, FYM
Attention: User Support Branch
PO Box 23774
Washington, DC 20026-3774

For overnight delivery send to:
U.S. Dept. of Housing and Urban Development
Chief Financial Officer, FYM
Attention: User Support Branch
451 7th Street SW, Room 3114
Washington, DC 20410

1. Type of Function (mark one)		2a. User ID (please leave blank) (CFO USE ONLY)		2b. Social Security Number (SSN) (mandatory)	
<input type="checkbox"/> New User <input type="checkbox"/> Reinstated User <input type="checkbox"/> Terminate User <input type="checkbox"/> Reset Password for Active Users		<input type="checkbox"/> Add New Program Area or Tax ID <input type="checkbox"/> Change Tax ID <input type="checkbox"/> Change Address <input type="checkbox"/> Resend User ID <input type="checkbox"/> Name Change			
3. Authorized User's Name (last, first, mi) Print or Type		Title (mandatory)		Office Telephone Number (include area code)	
Complete Mailing Address		E-Mail Address			
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. <input type="checkbox"/> Query Only <input type="checkbox"/> Project Drawdown	
811A		PRA			
6. Authorized User's Signature		Date (mm/dd/yyyy)			
I authorize the person identified above to access LOCCS via the Voice Response System.					
7. Approving Official's Name (last, first, mi) Print or Type		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		Social Security Number (mandatory)			
Complete Mailing Address		E-Mail Address			
Approving Official's Signature		Date (mm/dd/yyyy)			
9. HUD Program Office Point of Contact's Name (last, first, mi) Print or Type		Office Telephone Number (include area code)			
Title		E-Mail Address			
HUD Program Office Point of Contact's Signature		Date (mm/dd/yyyy)			

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)

Previous editions are obsolete.

Page 1 of 1

Form HUD-27054 (11/2013)

**LOCCS
Voice Response System
Access Authorization Form**

U.S. Department of Housing
and Urban Development

OMB Approval No. 2535-0102
(exp. 11/30/2016)

See Instructions, Public Burden, and Privacy Act statements on back before completing this form

This form is to be approved by the recipient's (or grantee's) chief executive officer. **For new users, reinstate users, and resend user ID, retain a copy and send a notarized original to your HUD Program Office for review.**

The Program Office will forward the original form to:
**U.S. Dept. of Housing and Urban Development
Chief Financial Officer, FYM
Attention: User Support Branch
PO Box 23774
Washington, DC 20026-3774**

For overnight delivery send to:
**U.S. Dept. of Housing and Urban Development
Chief Financial Officer, FYM
Attention: User Support Branch
451 7th Street SW, Room 3114
Washington, DC 20410**

1. Type of Function (mark one) 1 <input type="checkbox"/> New User 2 <input type="checkbox"/> Reinstate User 3 <input type="checkbox"/> Terminate User 4 <input type="checkbox"/> Reset Password for Active Users		5 <input type="checkbox"/> Add New Program Area or Tax ID 6 <input type="checkbox"/> Change Tax ID 7 <input type="checkbox"/> Change Address 8 <input type="checkbox"/> Resend User ID 9 <input type="checkbox"/> Name Change		2a. User ID (please leave blank) (CFO USE ONLY)	2b. Social Security Number (SSN) (mandatory)
3. Authorized User's Name (last, first, mi) Print or Type			Title (mandatory)		Office Telephone Number (include area code)
Complete Mailing Address				E-Mail Address	
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. Q = Query Only D = Project Drawdown	
811A	PRA				
6. Authorized User's Signature			Date (mm/dd/yyyy)		
I authorize the person identified above to access LOCCS via the Voice Response System.					
7. Approving Official's Name (last, first, mi) Print or Type		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		Social Security Number (mandatory)			
Complete Mailing Address		E-Mail Address			
Approving Official's Signature		Date (mm/dd/yyyy)			
9. HUD Program Office Point of Contact's Name (last, first, mi) Print or Type			Office Telephone Number (include area code)		
Title			E-Mail Address		
HUD Program Office Point of Contact's Signature			Date (mm/dd/yyyy)		

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)

Secure Systems



The screenshot shows a web form titled "Secure Systems Registration" with a sub-header "MULTIFAMILY Coordinator and User Registration". The form is divided into two main sections: "Coordinator" and "User". The "Coordinator" section is selected, indicated by a radio button. The form includes fields for "First Name", "Middle Initial", "Last Name", and "Social Security Number". A "Warning" message is displayed, stating that the information is protected under the Privacy Act of 1974. The form is set against a blue background with a "Secure Systems" logo.

Secure Systems

Secure Systems Registration

MULTIFAMILY Coordinator and User Registration

To apply for a **System Coordinator ID**, check the "Coordinator" radio button, fill out the form below, and click Send Application when you are through. Upon verification of the information below, an ID will be assigned and mailed to the CEO of the HUD-registered entity specified below. The password will not be disclosed, so make sure you remember it!!!

To apply for a regular **User ID**, check the "User" radio button, fill out the form below and click Send Application when you are through. Upon verification of the information below, a user ID will be assigned, and the System Coordinator of the HUD-registered entity specified below will retrieve the user ID. The password will not be disclosed, so make sure you remember it!!!

And remember:

Warning! Misuse of Federal Information at this Web site falls under the provisions of Title 18, United States Code, section 1030. This law specifies penalties for exceeding authorized access, alteration, damage or destruction of information residing on Federal Computers.

Application Type: ☒ Coordinator ☐ User

First Name:

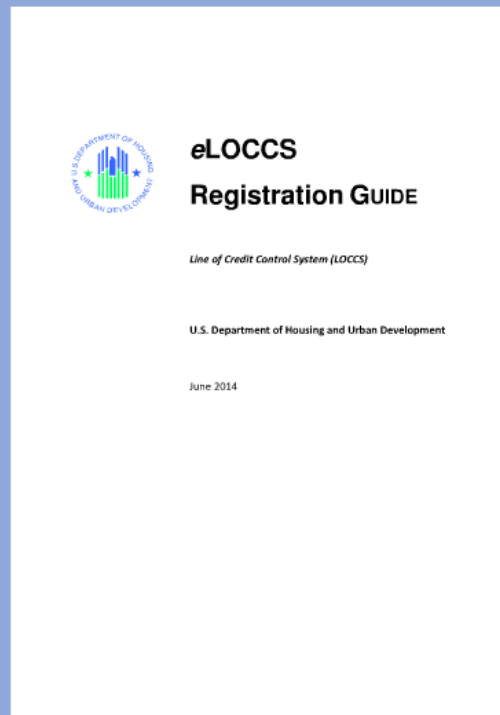
Middle Initial:

Last Name:

Social Security Number:

https://hudapps.hud.gov/public/wass/public/participant/partreg_page.jsp

eLOCCS Registration Guide



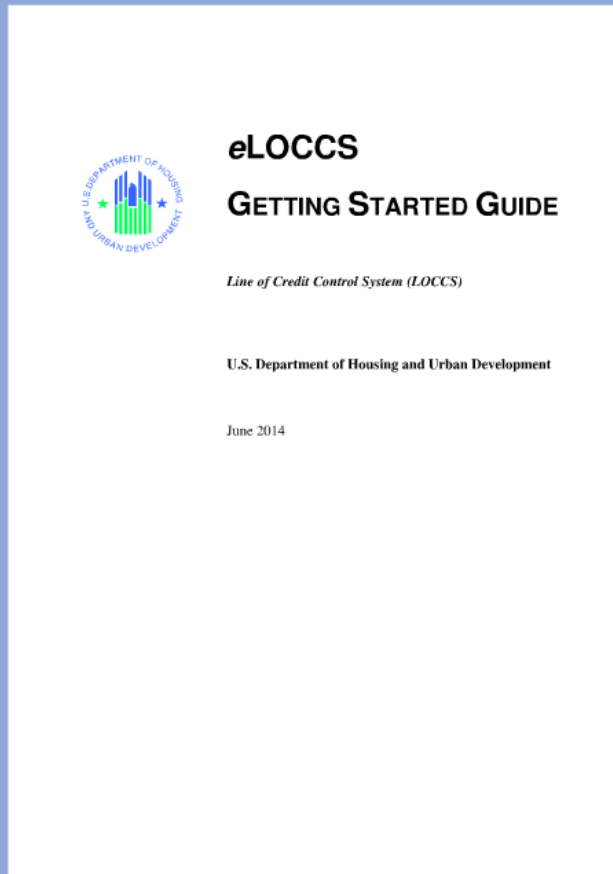
http://portal.hud.gov/hudportal/documents/huddoc?id=eloccs_registration_guide.pdf

LOCCS Access Guidelines for Grantees



http://portal.hud.gov/hudportal/HUD?src=/program_offices/cfo/loccs_guidelines

eLOCCS Getting Started Guide



<http://portal.hud.gov/hudportal/documents/huddoc?id=eloccsguide.pdf>

If not PBCA

iREMS PBCA User Guide



http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/rema/EMS

Helpdesk

Ph: 1-800-767-7588
iREMS Email: realestatemgmt@hud.gov
TRACS Email: tracs_hotline@hud.gov

TRACS



http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/tracs

Additional Information on PBCA Registration



<http://portal.hud.gov/hudportal/documents/huddoc?id=18caac.pdf>

Rules of Behavior



Security Awareness Training



PBCA Registration



http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/fhaosmf

Rules of Behavior



Rules of Behavior for Use of Enterprise Income Verification (EIV) Information (for Individuals without Access to the EIV System)

The Department of Housing and Urban Development's EIV system contains sensitive data obtained from the Department of Health and Human Services (HHS) and the Social Security Administration (SSA) and from other HUD Secured Systems that must be protected. Access to the information in EIV is based on a need to perform official HUD business.

Owners, management agents, service bureau staff, contract administrator staff and independent public auditors without access to the EIV system are required to agree to HUD's Rules of Behavior to ensure that an adequate level of protection is afforded to the information contained in the EIV system. These Rules of Behavior serve as an administrative safeguard in determining improper disclosure and use of information by individuals who do not have access to the EIV system, but who are in possession of information from EIV provided to them by authorized EIV system users, in order to perform their job.

As a condition of receiving access to EIV information, you agree to be responsible for the confidentiality of the EIV information and accountable for all activity relating to the EIV information while in your use. In addition, you agree to:

- Use EIV information only in the performance of official HUD business.
- Protect copies of sensitive data and destroy system-related records in accordance with HUD established requirements to prevent reconstruction of contents.
- Not disclose (willfully or otherwise) EIV information in any way that would violate the privacy of individuals.
- Ensure there is a signed and valid form HUD-6887, *Notice and Consent for the Release of Information*, on file before reviewing an individual's confidential EIV income information.
- Report incidents or suspected incidents which involve breach of EIV information to the HUD National Help Desk at 1-888-297-8689.

Additionally, IPAs further agree that EIV information will:

- Only be accessed and reviewed within hardcopy files and only within the offices of the OIA or CA.
- Not be transmitted or transported in any form.
- Not be entered on any portable media.
- Not be duplicated or re-disclosed to any individual not authorized by HUD.
- Be used only for the purpose of the audit.

I understand that unauthorized disclosure of EIV information can result in civil and criminal penalties, as follows:

- Unauthorized disclosure** can result in a felony conviction and a fine of up to \$5,000 and/or imprisonment up to five (5) years, as well as civil penalties.
- Unauthorized inspection** can result in a misdemeanor penalty of up to \$1,000 and/or one (1) year imprisonment, as well as civil damages.

Certification: I agree to comply with these Rules of Behavior as a condition of being authorized to review and use EIV system information. I also understand that I may review, inspect, and use these data only within the scope of my official duties.

_____ Name (Signature)	_____ Name (Print)	_____ Date
------------------------------	--------------------------	---------------

Please check the appropriate box below

<input type="checkbox"/> Owner	<input type="checkbox"/> Management Agent	<input type="checkbox"/> CA	<input type="checkbox"/> IPA	<input type="checkbox"/> Service Bureau
--------------------------------	---	-----------------------------	------------------------------	---

September 2009



Rules of Behavior for Use of Enterprise Income Verification (EIV) Information (for Individuals without Access to the EIV System)

The Department of Housing and Urban Development's EIV system contains sensitive data obtained from the Department of Health and Human Services (HHS) and the Social Security Administration (SSA) and from other HUD Secured Systems that must be protected. Access to the information in EIV is based on a need to perform official HUD business.

Owners, management agents, service bureau staff, contract administrator staff and independent public auditors without access to the EIV system are required to agree to HUD's Rules of Behavior to ensure that an adequate level of protection is afforded to the information contained in the EIV system. These Rules of Behavior serve as an administrative safeguard in determining improper disclosure and use of information by individuals who do not have access to the EIV system, but who are in possession of information from EIV provided to them by authorized EIV system users, in order to perform their job.

As a condition of receiving access to EIV information, you agree to be responsible for the confidentiality of the EIV information and accountable for all activity relating to the EIV information while in your use. In addition, you agree to:

- a) Use EIV information only in the performance of official HUD business.
- b) Protect copies of sensitive data and destroy system-related records in accordance with HUD established requirements to prevent reconstruction of contents.
- c) Not disclose (willfully or otherwise) EIV information in any way that would violate the privacy of individuals.
- d) Ensure there is a signed and valid form HUD-9887, *Notice and Consent for the Release of Information*, on file before reviewing an individual's confidential EIV income information.
- e) Report incidents or suspected incidents which involve breach of EIV information to the HUD National Help Desk at 1-888-297-8689.

Additionally, IPAs further agree that EIV information will:

- a) Only be accessed and reviewed within hardcopy files and only within the offices of the O/A or CA.
- b) Not be transmitted or transported in any form.
- c) Not be entered on any portable media.
- d) Not be duplicated or re-disclosed to any individual not authorized by HUD.
- e) Be used only for the purpose of the audit.

I understand that unauthorized disclosure of EIV information can result in civil and criminal penalties, as follows:

- **Unauthorized disclosure** can result in a felony conviction and a fine of up to \$5,000 and/or imprisonment up to five (5) years, as well as civil penalties.
- **Unauthorized inspection** can result in a misdemeanor penalty of up to \$1,000 and/or one (1) year imprisonment, as well as civil damages.

Certification: I agree to comply with these Rules of Behavior as a condition of being authorized to review and use EIV system information. I also understand that I may review, inspect, and use these data only within the scope of my official duties.

Name
(Signature)

Name
(Print)

Date

Please check the appropriate box below

☐ Owner

☐ Management
Agent

☐ CA

☐ IPA

☐ Service Bureau

Security Awareness Training

External TRACS Users Access and Security Training Requirements

Introduction:

Registration is required prior to gaining access to the Tenant Rental Assistance Certification System (TRACS) Internet and integrated Multifamily Access eXchange (iMAX) applications for current user(s) and coordinator(s). These applications provide access to sensitive financial and personal information, security features have been implemented to ensure access is granted only to authorize entities/individuals. The Internet user will be able to access TRACS and iMAX Internet applications, after registering in HUD's Secure Systems, being assigned a system, completing Security Awareness Training and accepting TRACS Rules of Behavior.

Further restrictions apply regarding system access for a specific property. Before permitting access to TRACS Voucher, Certification, and Tenant Unit Address data for a property, a user must be assigned to that property by the coordinator of the owning entity.

Each trusted business partner, or their authorized agent, interested in using these applications must first successfully complete a registration process with HUD. There are two types of TRACS Internet/iMAX users: coordinators and users. In most cases coordinators perform only system administration functions. These functions include profile as a coordinator to TRACS or other systems, activating the user, assigning the user's role and access to the applicable property. A user is someone other than the coordinator, either a an employee of the owner or a third party, who has registered for a user ID from HUD and has been authorized to access TRACS Voucher and/or Certification data for a property (or properties) by the coordinator of the owning entity.

Security Awareness Training must be completed no later than 30 days after Rule of Behavior acceptance.

A. Access and Training Requirements for New External Users

The following steps outline the registration process:

1. Coordinator(s) for a HUD trusted business partner submits an online registration application form for their coordinator user ID to HUD using Secure Systems.
2. User(s) for trusted business partner submits an online registration application form for their user ID to HUD using HUD's Secure Systems.
3. HUD approves/denies application for coordinator registration and returns correspondence by mail to the CEO for the owning entity or the organization named in the registration application. The mailed response contains information necessary for coordinator registration in Secure Systems.

External TRACS Users Access and Security Training Requirements

Introduction:

Registration is required prior to gaining access to the Tenant Rental Assistance Certification System (TRACS) Internet and integrated Multifamily Access eXchange (iMAX) applications for current user(s) and coordinator(s). These applications provide access to sensitive financial and personal information, security features have been implemented to ensure access is granted only to authorize entities/individuals. The Internet user will be able to access TRACS and iMAX Internet applications, after registering in HUD's Secure Systems, being assigned a system, completing Security Awareness Training and accepting TRACS Rules of Behavior.

Further restrictions apply regarding system access for a specific property. Before permitting access to TRACS Voucher, Certification, and Tenant Unit Address data for a property, a user must be assigned to that property by the coordinator of the owning entity.

Each trusted business partner, or their authorized agent, interested in using these applications must first successfully complete a registration process with HUD. There are two types of TRACS Internet/iMAX users: coordinators and users. In most cases coordinators perform only system administration functions. These functions include profile as a coordinator to TRACS or other systems, activating the user, assigning the user's role and access to the applicable property. A user is someone other than the coordinator, either an employee of the owner or a third party, who has registered for a user ID from HUD and has been authorized to access TRACS Voucher and/or Certification data for a property (or properties) by the coordinator of the owning entity.

Security Awareness Training must be completed no later than 30 days after Rule of Behavior acceptance.

A. Access and Training Requirements for New External Users

The following steps outline the registration process:

1. Coordinator(s) for a HUD trusted business partner submits an online registration application form for their coordinator user ID to HUD using Secure Systems.
2. User(s) for trusted business partner submits an online registration application form for their user ID to HUD using HUD's Secure Systems.
3. HUD approves/denies application for coordinator registration and returns correspondence by mail to the CEO for the owning entity or the organization named in the registration application. The mailed response contains information necessary for coordinator registration in Secure Systems.

PBCA Registration



[http://portal.hud.gov/hudportal/HUD?src=/
program_offices/housing/mfh/fhaosmf](http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/fhaosmf)

Sign up for announcements



<http://www.hud.gov/subscribe/signup.cfm?istname=Multifamily%20Housing%20RHHP%20%28Rental%20Housing%20Integrity%20Improvement%20Program%29%20Tip&list=MFH-RHHP-TIPS-L>

Helpdesk

Ph: 1-800-767-7588
Email: Mf_Eiv@hud.gov

Instructions



http://portal.hud.gov/headportal/HUD?src=/program_offices/housing/mfh/ship/eiv/eivapps

4350.3



http://portal.hud.gov/headportal/HUD?src=/program_offices/administration/hudclips/handbooks/hgh/4350.3

EIV

Instructions



[http://portal.hud.gov/hudportal/HUD?src=/
program_offices/housing/mfh/rhiip/eiv/eivapps](http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/rhiip/eiv/eivapps)

MF Business Partner Registration


The screenshot shows a web browser window with the URL https://hudapps2.hud.gov/apps/part_reg/apps040.cfm. The page title is "Business Partner Registration HUD Multifamily". It contains a form with fields for TIN (no dashes) and SSN (no dashes), with a checkbox for "Check if SSN is used as TIN for Sole Proprietor". A "Submit" button is at the bottom.

https://hudapps2.hud.gov/apps/part_reg/apps040.cfm



http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/rem/rams

Request RAC/child level contract number



Form to Request an ARAC/RAC Contract Number
for 811 PRA Grantees

INSTRUCTIONS: Fill out the following fields for the initial request of an 811 PRA contract number. Email the completed form to: PRAcontracts@hud.gov.

1. Date of Request:
2. Grantee Legal Name:
3. Funding under which FY NOFA?:
4. Property Name:
5. Property Address (include city and state):
6. Is this Contract Number for an ARAC or RAC?:
7. Name / Title of Individual Requesting Contract Number:

NOTE: Upon the execution of the RAC and Rent Schedule (Form 92458), the 811 PRA Grantee must submit the executed RAC and Rent Schedule (Form 92458) to HUD at PRAcontracts@hud.gov. If HUD does not receive these executed documents, a TRACS and IREMS record will not be created.

To be completed by HUD staff

Contract Number Assigned:

Date of Assignment:

HUD Staff Name:

1
Updated 1/21/15



Form to Request an ARAC/RAC Contract Number
for 811 PRA Grantees

INSTRUCTIONS: Fill out the following fields for the initial request of an 811 PRA contract number. Email the completed form to: PRAcontracts@hud.gov.

1. Date of Request:
2. Grantee Legal Name:
3. Funding under which FY NOFA?:
4. Property Name:
5. Property Address (include city and state):
6. Is this Contract Number for an ARAC or RAC?:
7. Name / Title of Individual Requesting Contract Number:

NOTE: Upon the execution of the RAC and Rent Schedule (Form 92458), the 811 PRA Grantee must submit the executed RAC and Rent Schedule (Form 92458) to HUD at PRAcontracts@hud.gov. If HUD does not receive these executed documents, a TRACS and iREMS record will not be created.

To be completed by HUD staff

Contract Number Assigned:

Date of Assignment:

HUD Staff Name:

Submit executed RAC contract and rent schedule

[illegible][illegible][illegible]

OMB Approval No. 2502-0012
(exp. 07/31/2017)

Project Name	FHA Project Number	Date Rents Will Be Effective (mm/dd/yyyy)
--------------	--------------------	---

Col. 1 Unit Type (Include Non-revenue Producing Units)	Col. 2 Number of Units	Contract Rents		Col. 5 Utility Allowances (Effective Date (mm/dd/yyyy) __/__/__)	Col. 6 Gross Rent (Col. 3 + Col. 5)	Market Rents (Sec. 236 Projects Only)	
		Col. 3 Rent Per Unit	Col. 4 Monthly Contract Rent Potential (Col. 2 x Col. 3)			Col. 7 Rent Per Unit	Col. 8 Monthly Market Rent Potential (Col. 2 x Col. 7)
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
Total Units	0	Monthly Contract Rent Potential (Add Col. 4)*	\$0			Monthly Market Rent Potential (Add Col. 8)*	\$0
		Yearly Contract Rent Potential (Col. 4 Sum x 12)*	\$0			Yearly Market Rent Potential (Col. 8 Sum x 12)*	\$0

Purpose	Monthly Charge
	\$
	\$
	\$
	\$
	\$

Col. 1 Use	Col. 2 Unit Type	Col. 3 Contract Rent
Total Rent Loss Due to Non-Revenue Units		\$ 0

Col. 1 Use	Col. 2 Monthly Rent Potential	Col. 3 Square Footage	Col. 4 Rental Rate Per Sq. Ft. (Col. 2 divided by Col. 3)
	\$ 0	Total Commercial Rent Potential	

Enter Maximum Allowable Monthly Rent
Potential From Rent Computation \$

Worksheet (to be completed by HUD or lender)

Part G – Information on Mortgagor Entity

Name of Entity

Type of Entity

☐ Individual ☐ General Partnership ☐ Joint Tenancy/Tenants in Common ☐ Other (specify)
☐ Corporation ☐ Limited Partnership ☐ Trust

List all Principals Comprising Mortgagor Entity: provide name and title of each principal. Use extra sheets, if needed. If mortgagor is a:

- corporation, list: (1) all officers; (2) all directors; and (3) each stockholder having a 10% or more interest.
- partnership, list: (1) all general partners; and (2) limited partners having a 25% or more interest in the partnership.
- trust, list: (1) all managers, directors or trustees and (2) each beneficiary having at least a 10% beneficial interest in the trust.

Name and Title

Name and Title

Name and Title

Name and Title

Name and Title

Name and Title

Name and Title

Name and Title

Name and Title

Name and Title

Name and Title

Part H – Owner Certification

To the best of my knowledge, 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)

Name and Title

Authorized Official's Signature

Date (mm/dd/yyyy)

Part I – HUD/Lender Approval

Addendum Number

Branch Chief/Lender Official Signature

HAP Contract Number

Date (mm/dd/yyyy)

Exhibit Number

Director, Housing Management Division Signature

Loan Servicer Signature

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

TRACSMail ID Number

iMAX:



iMAX USER'S MANUAL

Tenant Rental Assistance Certification System (TRACS)
Integrated Multifamily Access Exchange (IMAX) System

U.S. Department of Housing and Urban
Development

August 2013

MAT Guide:



http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/trx/trxdocs/tracs_mat

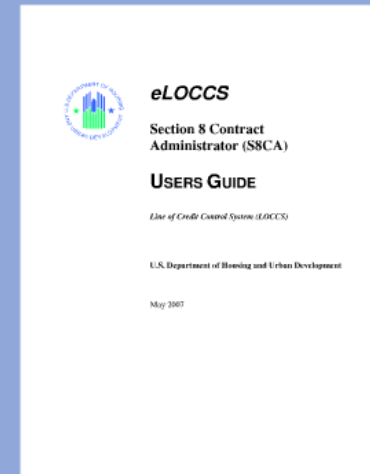
Cutover Date in eLOCCS

CFO Financial Systems Page



http://portal.hud.gov/hudportal/HUD?src=/program_offices/cfo/finsys

Section 8 Contract Admin LOCCS Web Guide



Submits tenant certification and electronic vouchers via iMAX to Grantee



http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/trx/trxdocs/tracs_mat

Review and approve child level vouchers

Create parent level voucher

Transmit one parent level to TRACS

Add FORQs for each child

Misc. Accounting Requests for Schedule of Tenant Assistance Payments Due

U.S. Department of Housing and Urban Development
Office of Housing
Federal Housing Commissioner

DHS Approval No. 0512-0002
(Rev. 06/2012)

Before completing this form, read and follow the instructions in the Monthly Family Transportation (MFT) User's Guide. See the instructions on the form HHS-0512-0002 for information on public location.

1. Ass. Period Due For (month/year): 2. Project Name: 3. PHA - PHA / Non-Invest. Proj. No.: 4. Section 8 - PHA / PHA Contract No.: 5. Type of Schedule:

6. Misc. Request Type	7. Contract	8. Amount Requested	9. Amount Approved (PHS/CA value only)
FORQ	FL39RDC01202 - 02/2015	1000.00	1000.00
FORQ	FL39RDC01203 - 02/2015	2500.00	2500.00

10. Totals for this page:

Print out, submit, and file electronically. Submit an Original and two copies.

Page: 1 of 1

Form HHS-0512-0002 (Rev. 06/2012) and HHS-0512-0002-1

**Misc. Accounting Requests for Schedule
of Tenant Assistance Payments Due**

U.S. Department of Housing and Urban Development
Office of Housing
Federal Housing Commissioner

OMB Approval No. 2502-0182
(Exp. 06/30/2016)

Before completing this form, read and follow the instructions in the Monthly Activity Transmission (MAT) User's Guide. See the statements on the form HUD-52670 for information on public burden.

1. Asst. Pymts Due For (mm/yyyy):	2. Project Name:	3. FHA / EH / Non-Insured Proj. No:	4. Section 8 / PAC / PRAC Contract No:	5. Type of Subsidy:	
6. Misc. Request Type	7. Comment			8a. Amount Requested	8b. Approved (HUD/CA use only)
FORQ	FL39RDD1202 - 02/2015			1000.00	1000.00
FORQ	FL39RDD1203 - 02/2015			2500.00	2500.00
9. Totals for this page					



**HUD pays grantee amount of
parent level**

Grantee pays owners

**UPCS Inspection entered into
iREMS**

**Approve annual rent
adjustment**

