



eLOCCS Form HUD-50080-CHC-a Job Aid

Importance of the Form HUD-50080

When requesting reimbursement under a grant from HUD's Office of Housing Counseling (OHC), housing counseling agencies must use Form HUD-50080-CHC-a (CHC = Comprehensive Housing Counseling program), as outlined in each agency's grant agreement. This form is submitted via eLOCCS, and via email to the agency's OHC Point of Contact (POC). Filling out this form correctly ensures the following:

-  **OHC voucher review and payment can proceed without delay**
-  **Agency follows proper financial controls in the form submission process**
-  **eLOCCS users avoid the need to request internal signatures again**

Key Terms

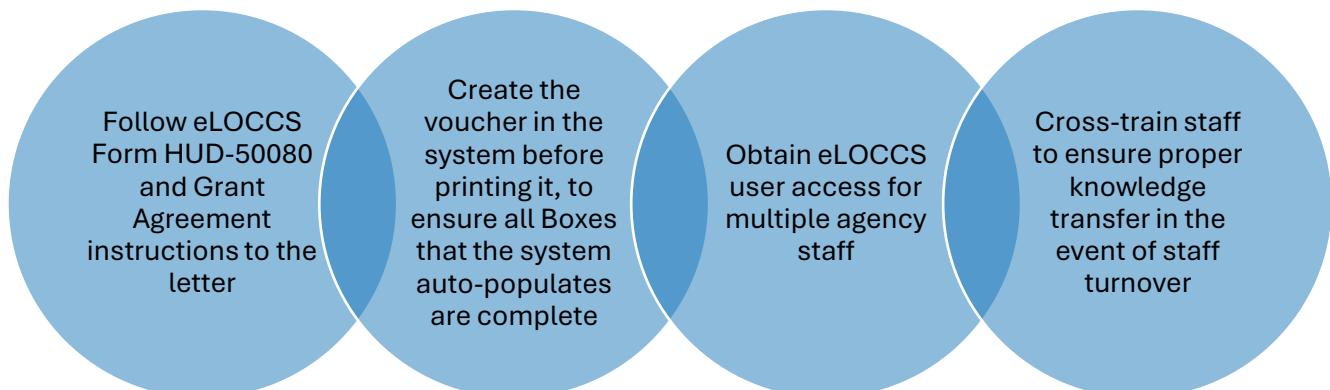
eLOCCS: The Line of Credit Control System (LOCCS) is HUD's primary grant and subsidy disbursement system. Agencies have access to their grants through an internet version of LOCCS called eLOCCS, where authorized users can access, manage, and drawdown against their HUD grant portfolios.

Form HUD-50080-CHC-a: Payment voucher form generated in and submitted via eLOCCS by each agency to request grant reimbursement from OHC. Agencies must also send a copy of this form to their POC via email at the time of eLOCCS submission.

eLOCCS Approving Official: Every HUD grantee must have one assigned eLOCCS Approving Official, also known as the Secure Systems Coordinator or Business Partner's System Administrator. The eLOCCS Approving Official is someone of higher authority than the eLOCCS user(s). They establish appropriate system links within eLOCCS, assign user roles, and recertify and terminate users.

Authorized Signatory: The Authorized Signatory, required to sign the Form HUD-50080-CHC-a, must be the designated eLOCCS Approving Official.

Tips for Success





Filling out Form HUD-50080-CHC-a

- Box 1:** Ensure voucher number is populated by creating the voucher in the system first before printing it out.
- Boxes 8 and 9:** Reference the grant agreement or Form HUD-1044 for information on the correct grant number and budget line item(s) to use.
- Box 10:** Verify that the Voucher Total matches the quarterly Grant Activity Report and the Form HUD-SF-425 (used in Final Grant Reports).
- Box 11:** Write in the phone number of the named staff person submitting the form (the eLOCCS user).
- Boxes 12 and 13:** Verify that the staff person who signs as the Authorized Signatory is the agency's eLOCCS Approving Official. This person may be different from the Executive Director or CEO but should always serve an executive role at the agency.
- Box 14:** Check that the Authorized Signatory includes a Date of Request (date the form is signed) if not autogenerated.

MM/DD/YY, HH:MM AM/PM
Voucher Verification


AGENCY NAME
Payment Voucher Entry
Menu Auth
Log Off Bottom

Menu
Voucher Selection
Payment Entry

eLOCCS
CHC Comprehensive Housing Counseling
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.

HUD implemented the Line of Credit Control System (eLOCCS) to process requests for payments to grantees. Grant recipients should fill out a voucher form for the applicable HUD program with all the necessary information prior to the drawdown process. 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.

1. Voucher Number	2. LOCCS Pgrm Area	3	4		
5. Voice Response No. n/a		6. Grantee Organization			
8. Grant or Project No.		6a. Grantee Organization TIN			
Budget Line Item	Name	Authorized	Disbursed	Available Balance	Voucher Amount
9500	Counseling Services				
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 of Person completing this form	12. Name & Title of Authorized Signatory
NAME & PHONE NUMBER	
13. Signature	
14. Date of Request 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)

Form HUD-50080-CHC-a (4/2000)

Additional Resources

- [eLOCCS Quick Reference Guide](#)
- [eLOCCS Access Guidelines for Grantees](#)
- [eLOCCS Getting Started Guide](#)
- [eLOCCS Registration Guide](#)
- [FAQ: How can I assure that my agency is able to access the eLOCCS system as soon as possible once we sign the Comprehensive Housing Counseling Grant Agreement? | HUD Exchange](#)
- [Housing Counseling Basics Webinar Series: Financial Management and HUD Grant Administration - HUD Exchange](#)
- [Housing Counseling: Succession Planning: Instructional Guide and Template - HUD Exchange](#)