**HOUSING AUTHORITY**

**ELOCCS SECURITY POLICY**

**PROCEDURE:** **ELOCCS DRAWDOWN FOR CAPITAL FUND AND OPERATING**

**SUBSIDY.**

**DEPARTMENT: ACCOUNTING**

**PURPOSE: Request funds from HUD for Operating Subsidy (OFND) and**

**Capital Funds (CFP).**

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1. Invoices are received by the \_\_HA Executive Director or designee and approved for payment.
2. The \_\_HA Executive Director or designee denotes the appropriate account number on the invoice.
3. The \_\_HA Executive Director or designee makes copies of invoices for ELOCCS draw and sends original invoices to Accounts Payable for payment.
4. The \_\_HA Executive Director or designee prepares ELOCCS draw from copies of invoices and sends draw for submission into the ELOCC system.
5. The \_\_HA Executive Director or designee pays invoice and charges accounts that then post to the general ledger after payment of the invoice.
6. The \_\_HA Executive Director or designee reconciles the paid invoices to the ELOCCS voucher weekly to ensure that invoices received directly in Accounts Payable from purchase orders are included in ELOCCS draws.
7. The general ledger and the draws are reconciled monthly by the \_\_HA Fee Accountant or designee to verify that all invoices paid have been drawn and, if any wrong amounts are drawn, that they are corrected with the next ELOCCS draw.
8. The \_\_HA Executive Director or designee and the \_\_HA Fee Accountant reviews the bank statement to confirm receipt of the ELOCCS draws.
9. All \_\_HA staff and Commissioners are advised that it is a violation of security procedures to share system ID’s, including ELOCCS and other HUD Secure Systems, with anyone. If User IDs are discovered to be shared, the agency’s CFO or Deputy Director of Administration will report the security breach to HUD. Access will be terminated and future access denied for those involved. Disciplinary action, up to and including termination of employment, will be warranted.

**ACKNOWLEDGEMENT OF RECEIPT   
OF   
 HOUSING AUTHORITY ELOCCS SECURITY POLICY**

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Signing this form acknowledges that the employee has received a copy of the Housing Authority's ELOCCS Security Policy and adopted by the \_\_HA Board of Commissioners on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as Resolution No. \_\_\_\_\_\_\_\_\_\_\_.

By my signature below, I acknowledge that I have received a copy of the Housing Authority's ELOCCS Security Policy. **I understand that it is my obligation to read, understand and comply with the revised policy and that violation of this revised policy may result in discipline up to and including termination.**

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Printed Name of Employee Employee Signature

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_