Title I DMCS
Access Request
Headquarters

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

02383

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1. Action Requested (Check One):

☐ Issue New ID and Password For DSR _____   ☐ Modify Existing Access Matrix for ID _____   ☐ Delete Existing Access for ID _____

2. Employee Name:	DSR
Title:	Phone (FTS):

3. Access Matrix: Complete this section for new access or to modify access. All Applicable permissions must be entered for new access or to modify access. The following matrix is the standard for Debt Servicing Representatives or Defaulted Loan Specialist or other authorized personnel. Additions or deletions can be made to the standard matrix in the add/delete section. (Screen permissions are defined in the DMCS User Guide, Section VI, Exhibit 6.1).

Standard Permissions:
Mark (x) for each permission to be given to user

☐ HIO1 - HI14 (inquiry)   ☐ HU01 - HU09, HU11 - HU21 (update)

☐ HU10 (update - pre-authorized debit)   ☐ HF12 - HF46, HF49 - HF77 (Financial)

☐ HF81 (Field Function - Write-off)   ☐ HF82 (Field Function - Compromise)

Restricted Applications:
Mark (x) for each permission to be given to user

☐ HA04 Update Default Date and Claim Paid Amount   ☐ HA06 Update Interest Rate

☐ HI30 General Case Search   ☐ HU31 Restricted Reports

☐ HU32 Mass Case Transfer   ☐ HU33 New Case Zip - DST Assignment

☐ HF48 (Restricted Financial)   ☐ HF78 (restricted Financial)

☐ Bulletin Board Update   ☐ HF99 Reversal
                                                    ☐ HU99 Suspense

Add to above permissions:

Delete from above permissions:

The User I.D. and password issued to you are your means of access to the resources identified above. They are to be used soley in connection with the performance of your authorized job functions. Their use by anyone other than yourself is prohibited and should be reported to your supervisor and the ADP Security Officer immediately.

I have read the above statement of policy. I understand it and agree to comlpy with its contents.

4. Employee/Contractor (print name)	Employee/Contractor (Signature)	Date

5. Approving Officials: Office Director/Designated DMCS Security Officer:

Name	Signature	Date

6. Confirmation:
Effective Date of above Access Change _____

For DSR	New ID	

DMCS Security Coordinator:

Name	Signature	Date