

USER REGISTRATION FORM

ACCESS TO MAPPER FOR THE

RAPID HOUSING PAYMENT SYSTEM (RHPS) (AO9)

CHECK ONE: NEW USER- / / CHANGE- / / DELETE- / /

USER'S LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

REGIONAL OFFICE NUMBER: \_\_\_\_\_ (1 - 10, HDQTS = BLANK)

FIELD OFFICE NUMBER: \_\_\_\_\_ (BLANK IF REG OR HDQT)

OFFICE NAME: \_\_\_\_\_ (BOSTON, WASH DC)

STATION SITE-ID: \_\_\_\_\_ (U4A101)

MAPPER STATION NUMBER: \_\_\_\_\_ (1234)

FTS PHONE NUMBER: \_\_\_\_\_

COMMERCIAL PHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
AREA CODE

USER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

REGIONAL AUTHORIZATION: \_\_\_\_\_ DATE: \_\_\_\_\_

RHPS SYSTEM ADMINISTRATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

USER REGISTERED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

USER ID/PASSWORD: \_\_\_\_\_ (HDQTRS USE ONLY)

NOTE: USERS MUST OBTAIN HONEYWELL USERID/PASSWORD FROM THE REGIONAL  
MANAGEMENT INFORMATION DIVISION

NOTE: FIELD OFFICE SUBMIT TO REGIONAL RHPS COORDINATOR.

NOTE: REGIONAL OFFICE SUBMIT TO:

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
OFFICE OF FINANCE AND ACCOUNTING  
GENERAL AND PROGRAM ACCOUNTING SYSTEMS STAFF  
451 7TH STREET S.W.  
WASHINGTON, D.C. 20410  
ATTN: RHPS SYSTEM ADMINISTRATOR

NOTE: REGIONAL COORD. MUST INFORM SYSTEM ADMIN. OF USERS TO BE DELETED.

NOTE: COMPLETED COPY OF FORM WILL BE SENT TO USER WITH ID/PASSWORD.