



Application Number:

Application number will be sent as part of the confirmation email after submitting the electronic HHAP application.

**Homeless Housing, Assistance and Prevention Program (HHAP)  
Authorized Signatories Form**

Date:

**GRANTEE INFORMATION**

Entity Name:

Authorized Representative:

Form Instructions: Eligible applicants who may apply for HHAP program funds are the CoC, as identified by the United States Department of Housing and Urban Development (HUD), large cities (with a population of 300,000 or more), and counties. By signing and submitting this document, the authorized representative is certifying that the approved signatory(ies) below are authorized to sign the standard agreement and related documents on behalf of the specified Administrative Entity. Please attach this completed form with the rest of the required documents of the application. All required documents must be submitted in order for the application to be deemed complete.

In the space provided below, fill in the name, position/title and signature of all of the individuals who are authorized to sign all applicable HHAP documents in lieu of the authorized representative, including (but not limited to):

- 1) HHAP Standard Agreement
- 2) STD 204 form (for nongovernmental entities)
- 3) GovtTIN form (for governmental entities)
- 4) Redirection of Funds (if applicable)

Number	Name of Approved Signatory	Position / Title	Signature
1			
2			
3			

**Note:** This form must be updated by the Administrative Entity whenever the authorized representative or approved signatory changes. The updated information must include the name, position/title and signature of the newly approved signatory. Please forward supporting documentation noticing any official changes to the list of approved signatories to HCFC@BCSH.ca.gov. Supporting documentation must include the name and position/title of the individual authorized to legally bind the governing body to HHAP-related contracts and commitments. The supporting document does not need to be HHAP specific.

**CERTIFICATION**

I certify that the signature(s) above are of the individuals authorized to sign for all applicable documents for the HHAP grant cited above.

**NOTE:** Authorized Representative cannot be a person named as an approved signatory above.

Name of Authorized Representative

Title

Signature of Authorized Representative

Date