Homeless Housing, Assistance and Prevention Program (HHAP) Authorized Signatories Form Date:		ALIFORNIA MELESS COORDINATING D FINANCING COUNCIL	Application Number: Application number will be sent as po	art of the confirmation email after submitting the electronic HHAP application.
				gram (HHAP)
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 documents the authorized representative is certifying that the approved signatory(les) below are authorized to sign the standard agreement and related documents on behaff of the specified Administrative Entity. Phase attach this completed form with the rest of the required documents of the application. All required documents in lieu of the authorized representative, including (but not limited to): 11 HHAP Standard Agreement 1 23 DD 204 form (for nongovernmental entities) 3 33 documents Signature 14 Redirection of Funds (ff applicable) Position / Title 3 Signature 1 Image and approved Signatory 2 Image and approved Signatory 3 Image and approved Signatory 3 Image and approved Signatory 3 Image and approved Signatory 40 the individual authorized to be approved Signatory the set on the application nust include the name, position/Title and signature of the newly approved signatory. Please forward supporting documentation noticing the application of 1000 (Title and signature of the newly approved signatory. Please forward supporting documentation noticinclude the name aposinory approved signatory. Please forward supp	Date:]	
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