

ATTACHMENT A

**MHSA HOUSING LOAN PROGRAM
FUND RELEASE AUTHORIZATION FOR EXISTING UNENCUMBERED FUNDS**

City/County: _____

Pursuant to Welfare and Institutions Code (W&I) Section 5892.5, City/County hereby request the release of Program unencumbered funds on deposit with CalHFA as of **May 31, 2016**, (“Funds”) as follows:

- Release and transfer the percent of Funds reflected on Attachment C to the designated MHSA Project COSR’s administered by CalHFA; AND/OR**
- Release and return \$_____ or the balance of Funds to the City/County; AND/OR**
- Release and assign the balance of Funds to the CalHFA administered Local Government Special Needs Housing Program (“SNHP”).**

On behalf of the City/County listed above, I, hereby certify the following:

The City/County will use any released Funds returned to the City/County to provide housing assistance to the target populations identified in W&I Section 5600.3. Housing assistance means rental assistance or capitalized operating subsidies; security deposits, utility deposits, or other move-in cost assistance; utility payments; moving cost assistance; and capital funding to build or rehabilitate housing for homeless, mentally ill persons or mentally ill persons who are at risk of being homeless..

The City/County will administer released and returned MHSA Funds in compliance with the requirements of the MHSA including, but not limited to, the following:

- The City/County will follow the stakeholder process identified in W&I Section 5848, when determining the use of the funds;
- The City/County will include the use of the funds in the County’s Three-Year Program and Expenditure Plan or Annual Update, per W&I Section 5847;
- The City/County will account for the expenditure of those MHSA Funds in the City/County’s Annual Revenue and Expenditure Report (W&I Section 5899). Reporting will begin in the fiscal year when the MHSA Housing Program funds are returned to the City/County by CalHFA; and
- The City/County will expend funds within three years of receipt or the funds will be subject to reversion (W&I Section 5892 (h)).

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By: _____

Date: _____

Name: _____

Title: _____

Make check payable to (if applicable): _____

Address: _____

**Must attach evidence of City/County Board of Supervisors Approval
Must attach Summary of Projects and COSR deposits (if applicable)
(Attachment C)**



State of California Use Only:

REVIEWED BY:

**Department of Health Care Services
Agency**

California Housing Finance

Signature

Date

Signature

Date

Name

Name

Title

Title