MHSA HOUSING LOAN PROGRAM ONGOING ANNUAL MHSA FUND RELEASE AUTHORIZATION FOR FUTURE UNEUNCUMBERED FUNDS

City/County:	
(W&I) Section 5892.5, City/Coun City/County's CalHFA MHSA acc unencumbered MHSA Housing f	County, and pursuant to Welfare and Institutions Code ity hereby request the annual release of MHSA funds in count ("Account"). Said Account may include deposits of funds, MHSA residual receipt loan payments, and accrued is "Funds"). As of May 1 st of each calendar year, please:
☐ Release and return a	all Funds to the City/County; OR
	all Funds to the CalHFA administered Local Needs Housing Program.
On behalf of the City/County liste	ed above, I hereby certify the following:
housing assistance to the target assistance means rental assistar utility deposits, or other move-in	eased MHSA Funds returned to the City/County to provide populations identified in W&I Section 5600.3. Housing nce or capitalized operating subsidies; security deposits, cost assistance; utility payments; moving cost assistance; habilitate housing for homeless, mentally ill persons or sk of being homeless; and
•	released and returned MHSA Funds in compliance with the ding, but not limited to, the following:
 when determining the use of The City/County will include the and Expenditure Plan or Anning The City/County will account City/County's Annual Revenution will begin in the fiscal year who City/County by CalHFA; and 	the use of the funds in the County's Three-Year Program ual Update, (W&I Section 5847); for the expenditure of those MHSA Funds in the ue and Expenditure Report (W&I Section 5899) Reporting then the MHSA Housing Program funds are returned to the the returned funds within three years of receipt or the funds
Ву:	Date:
Name:	Title:

MHSA HOUSING LOAN PROGRAM ONGOING ANNUAL MHSA FUND RELEASE AUTHORIZATION FOR FUTURE UNEUNCUMBERED FUNDS

Make check payable to	(if applicable):		
Address:			
Must attach evidence	of City/County Bo	ard of Supervisors Appro	val
REVIEWED BY:	State of Calif	ornia Use Only:	
Department of Health Care Services Agency		California Housing Finance	
Signature	Date	Signature	Date
Name		Name	
Title		Title	

MHSA HOUSING LOAN PROGRAM FUND RELEASE AUTHORIZATION FOR EXISTING UNENCUMBERED FUNDS

nty:	
	le (W&I) Section 5892.5, City/County hereby observed funds on deposit with CalHFA as of
	ercent of Funds reflected on Attachment C to ect COSR's administered by CalHFA;
Release and return \$ City/County; AND/OR	or the <mark>balance</mark> of Funds to the
•	ance of Funds to the CalHFA administered Needs Housing Program ("SNHP").
	to Welfare and Institutions Code release of Program unencum 016, ("Funds") as follows: Release and transfer the pethe designated MHSA Projet AND/OR Release and return \$

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).).

ATTACHMENT B

MHSA HOUSING LOAN PROGRAM FUND RELEASE AUTHORIZATION FOR EXISTING UNENCUMBERED FUNDS

By:		Date:		
Name:		Title:		
Make check payable t	o (if applicable):			
Address:				
Must attach Summa (Attachment C)	ry of Projects and C	ard of Supervisors Appro OSR deposits (if applicab ornia Use Only:	le)	
REVIEWED BY: Department of Health Care Services Agency		California Housing Finance		
Signature	Date	Signature	Date	
Name		Name		
Title		Title		