MHSA HOUSING LOAN PROGRAM FUND RELEASE AUTHORIZATION FOR EXISTING UNENCUMBERED FUNDS

City/Coun	ty:
request the	o Welfare and Institutions Code (W&I) Section 5892.5, City/County hereby e release of Program unencumbered funds on deposit with CalHFA as of 016, ("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).).

APPROVED AS TO LEGAL FORM SAN BENITO COUNTY COUNSEL

DEPUTY COUNTY COUNSEL DATE

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

City/County:	-
(W&I) Section 5892.5, City/County hereb City/County's CalHFA MHSA account ("A unencumbered MHSA Housing funds, Mi	and pursuant to Welfare and Institutions Code y request the annual release of MHSA funds in account"). Said Account may include deposits of HSA residual receipt loan payments, and accrued s"). As of May 1 st of each calendar year, please:
☐ Release and return all Funds	s to the City/County; OR
 Release and assign all Fund Government Special Needs 	s to the CalHFA administered Local Housing Program.
On behalf of the City/County listed above	e, I hereby certify the following:
housing assistance to the target population assistance means rental assistance or cautility deposits, or other move-in cost ass	HSA Funds returned to the City/County to provide ons identified in W&I Section 5600.3. Housing apitalized operating subsidies; security deposits, istance; utility payments; moving cost assistance; a housing for homeless, mentally ill persons or ng homeless; and
The City/County will administer released requirements of the MHSA including, but	and returned MHSA Funds in compliance with the not limited to, the following:
 when determining the use of the fund The City/County will include the use of and Expenditure Plan or Annual Upda The City/County will account for the electry/County's Annual Revenue and Electry/County in the fiscal year when the Micity/County by CalHFA; and 	of the funds in the County's Three-Year Program ate, (W&I Section 5847); expenditure of those MHSA Funds in the expenditure Report (W&I Section 5899) Reporting MHSA Housing Program funds are returned to the ned funds within three years of receipt or the funds
Ву:	Date:
Name:	Title:

APPROVED AS TO LEGAL FORM SAN BENITO COUNTY COUNSEL 3-15-17
DEPUTY COUNTY COUNSEL DATE

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

Make check payable to (if ap	plicable):		
Must attach evidence of Ci	ty/County Boa	ard of Supervisors Approv	val
REVIEWED BY:	State of Califo	ornia Use Only:	
Department of Health Care Agency	Services	California Hous	sing Finance
Signature	Date	Signature	Date
Name	NUMBER PARTIES AND ARTHUR PROPERTY AND ARTHUR PARTIES AND ARTHUR PARTI	Name	
Title	West of the second seco	Title	