



Signature Certification

Signature of Authorizing Official

This is to certify that the above is the signature of

(Typed Name)

(Title)

of

(Name of the HDAP Recipient)

Subscribed and duly sworn before me according to law, by the above mentioned individual this day _____ of _____, 20____
County of _____

State of _____.

Signature of Notary
