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

________________________________________________________