



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
