MHSA HOUSING PROGRAM COUNTY FUNDING RELEASE FORM

County/City:	(NOTE: Funds may be requested once per year).
Local Mental Health Director ("LMHD")	MHSA Funds Requested:
Name:	☐ All Available Unencumbered MHSA Funds;
E-mail:	☐Unencumbered funds less withhold amount
Telephone No::	of \$ (attach explanation)
Mailing Address:	Check should be made payable to:
*CalHFA considers funds to be encumbered once a	n Project has received CalHFA Senior Loan Committee approval.
Agency (CalHFA), with concurrence of the Department Services Fund moneys dedicated to the Mental Health County. I hereby certify the following: (1) the requesting County housing assistance to the target populations identified in Housing assistance means rental assistance or capitalismove-in cost assistance; utility payments; moving cost homeless, mentally ill persons or mentally ill persons whadminister the funds released to the County from CalHF Services Act including, but not limited to, the following: • the County will follow the stakeholder process in those funds; • the County will include the use of those funds in Annual Update, per W&I Code section 5847; are • the County will account for the expenditure of the	n 5892.5, I hereby request that the California Housing Finance of Health Care Services, release unencumbered Mental Health Services Act Housing Program ("MHSA Funds") to this requesting will use the funds released to the County from CalHFA to provide n Welfare and Institutions Code (W&I Code) section 5600.3. zed operating subsidies; security deposits, utility deposits, or other assistance; and capital funding to build or rehabilitate housing for ho are at risk of being homeless; and (2) the requesting County will FA in compliance with the requirements of the Mental Health dentified in W&I Code section 5848, when determining the use of the County's Three-Year Program and Expenditure Plan or and hose funds in the County's Annual Revenue and Expenditure fill begin in the fiscal year when the MHSA Housing Program funds
Signature of LMHD Date	
Attachment: Evidence of Board of Supervisors Approv	al of this MHSA Funding Release Request (post January 1, 2015).
State of California Use Only:	APPROVED BY:
	
Department of Health Care Services	California Housing Finance Agency
Signature Date	Signature Date
	Unencumbered Mental Health Services Funds authorized for Release to the County: \$
	☐ plus any accrued interest earnings through the most recent quarter ending prior to the date of this Approval.

MHSA Housing Program Funding Release Form (12/04/2014)