

**SPECIAL NEEDS HOUSING PROGRAM
MHSA FUND RELEASE AND TRANSFER AUTHORIZATION**

Local Mental Health Director (LMHD):

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City/County: County of Orange

I hereby request that the California Housing Finance Agency (CalHFA) release and transfer Mental Health Services Fund moneys dedicated to the Special Needs Housing Program (MHSA Funds).

Utilizing the MHSA Funds available for release, transfer the percent of MHSA funds indicated below, to the respective MHSA Housing Program or Special Needs Housing Program Project Capitalized Operating Subsidy Reserves (COSR).

<u>Project Name</u>	<u>Percent of Available MHSA Funds</u>
1. <u>Henderson House</u>	<u>35%</u> %
2. <u>Rockwood Family Apartments</u>	<u>65%</u> %
3. _____	_____ %

Signature of LMHD

Date

*This is the most up to date form/CalHFA may update this form.
This form is subject to being reviewed and updated to include project name and percentages.*