

Mississippi Home Corporation
Emergency Solutions Grant Program

LOCAL GOVERNMENT CERTIFICATION FORM

I, _____ (Name and Title), duly
authorized to act on behalf of _____ (Name of Jurisdiction)
hereby approve the following project(s) proposed by _____
(Applicant), which is (are) to be located in:

By: _____
Signature of Chief Executive Officer

Print Name: _____

Title: _____

Date: _____