



## HOME Investment Partnership Program

### APPLICANT NAME VERIFICATION FORM

Your Applicant Name must be stated consistently and exactly match the applicant name as stated in your application and all required supporting documents submitted with your application.

Please complete and submit the Applicant Name Verification Form with your application. Review all the applicable documents listed below before submitting your application to ensure your Applicant Name as it appears on your application form exactly matches the applicant name as stated on all required supporting documents.

Please enter your Applicant Name as stated on the following documents:

**I. HOME Application Forms:**

\_\_\_\_\_  
*Applicant Name (All Applicants)*

**II. Authorized Resolution:**

\_\_\_\_\_  
*Applicant Name (All Applicants)*

**III. Government Agency Taxpayer ID Form:**

\_\_\_\_\_  
*Applicant Name (City and County Applicants only)*

**IV. Bylaws:**

\_\_\_\_\_  
*Applicant Name (Nonprofits, including Nonprofit Developers)*

**V. Article of Incorporation:**

\_\_\_\_\_  
*Applicant Name (Nonprofits and Developers)*

**VI. Payee Data Record:**

\_\_\_\_\_  
*Applicant Name (Nonprofits and Developers)*