



**AUTHORIZATION FORM FOR A THIRD-PARTY REPRESENTATIVE
TO SUBMIT EBB PROGRAM APPLICATION**

Name of homeowner who authorizes said third party assistance completing the EBB Program Application (“Authorizing Homeowner”):

Name:

Address:

Email Address:

Telephone Number:

I, the Authorizing Homeowner identified above, authorize the following party (“Third-Party Representative”) to submit the EBB Application to the CRMP on my behalf:

Third-Party Representative:

Address:

Email Address:

Telephone Number:

Relationship to Authorizing Homeowner:

I, the Authorizing Homeowner identified above, certify that:

1. I am aware of all EBB Program Rules, including:

- a homeowner is free to choose any qualified contractor after acceptance into the EBB Program; and

- EBB-program grant-recipients may incur federal income tax liability for the grant and, for that reason, they are encouraged to seek the advice of a tax professional.

2. I am responsible for all information in the EBB Application submitted by the Third-Party Representative identified above;

3. The Third-Party Representative identified is expected to submit to CRMP in accordance with EBB Program Rules; and
4. All information submitted to the Third-Party Representative is true, accurate, and complete.

Authorizing Homeowner:

Signature:

Date:

Name (typed or Printed):

I, the Third-Party Representative identified above, under penalties of perjury, and by my signature below, declare and certify that:

1. All information submitted to the EBB website including a 2019 EBB application for this Authorizing Homeowner is true, accurate, and complete and in accordance with EBB Program Rules.
2. I have provided a copy of the EBB Program Rules to the Authorizing Homeowner and have verbally conveyed that:
 - he/she is free to choose any qualified contractor after acceptance into the EBB Program; and
 - he/she as an EBB-program grant-recipients may incur federal income tax liability for the grant and, for that reason, they are encouraged to seek the advice of a tax professional.

Third-Party Representative:

Signature:

Date:

Name (typed or Printed):

Please either email or mail the completed form to: info@earthquakebracebolt.com or
CRMP
801 K Street, Suite 1000
Sacramento, CA 95814

