

Single Family Acquired Asset
Management System (SAMS)
**Authorized Signature(s)
for Funds Reclassification**

**U.S. Department of Housing
and Urban Development**
Office of Housing
Federal Housing Commissioner

Send the completed form to: HUD, Single Family Acquired Assets Branch, HWAFFA, P.O. Box 44813, Washington, D.C. 20026-4813

| | |
|---------------------------------------|------------------|
| 1. HOC Area Identifier (2 characters) | 2. HOC Area Name |
| 3. Name of M&M Contractor | |

The following person or persons are authorized to approve the reclassification of funds in SAMS on behalf of the Department of Housing and Urban Development (HUD) for Single Family Real Estate Owned activities:

| Primary | | Alternate | |
|---------------|--|---------------|--|
| 4. Name | | 7. Name | |
| 5. Title | | 8. Title | |
| 6. Signature | | 9. Signature | |
| Alternate | | Alternate | |
| 10. Name | | 13. Name | |
| 11. Title | | 14. Title | |
| 12. Signature | | 15. Signature | |

16. The following person or persons are no longer authorized:

Real Estate Owned Division Director's Certification

I certify that the persons identified in items 4 - 15 are Management and Marketing contract staff under contract with our office.

| | | |
|---------------|--------------------------------------|-----------------------|
| 17. Signature | 18. Phone Number (include area code) | 19. Date (mm/dd/yyyy) |
|---------------|--------------------------------------|-----------------------|

Instructions for Completion of Form SAMS-1205 (Please use typewriter or print in ink)

- | | |
|--|--|
| 1. HOC Identifier: Enter the two-character HOC Area Identifier, e.g., for Atlanta Area 2, use the code "A2." | 5. Title: Enter the title of the person being authorized (also lines 8, 11, & 14). |
| 2. HOC Area Name: Enter the HOC Area name (e.g., Atlanta Area 2). | 6. Signature: Enter signature of the person (also lines 9, 12, & 15). |
| 3. Name of M&M Contractor: Enter the business name of the M&M Contractor. | 16. Name(s): Enter the name(s) of person(s) no longer authorized to sign forms SAMS-1120. |
| 4. Name: Enter name of the person whose signature will be an authorized signature (also lines 7, 10, & 13). | 17-19. Signature: Enter the signature and phone number of the REO Division Director and date signed. |