



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

Name of policyholder who authorizes said third party assistance completing the CEA BB Program Application (“Authorizing Policyholder”):

Name:

Address:

Email Address:

Telephone Number:

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

Third-Party Representative:

Address:

Email Address:

Telephone Number:

Relationship to Authorizing Policyholder:

I, the Authorizing Policyholder identified above, certify that:

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

- a policyholder can choose any qualifying California licensed contractor or decide to be an owner-builder; and
- the CEA BB program is not taxable at the state levels; however, CEA BB 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 CEA BB Application submitted by the Third-Party Representative identified above;

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

Authorizing Policyholder:

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 CEA BB website including the current CEA BB application for this Authorizing Policyholder is true, accurate, and complete and in accordance with CEA BB Program Rules.
2. I have provided a copy of the CEA BB Program Rules to the Authorizing Policyholder and have verbally conveyed that:
 - a policyholder can choose any qualifying California licensed contractor or decide to be an owner-builder; and
 - as a CEA BB program grant-recipient, the policyholder 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@CEABraceBolt.com or

CEA BB
801 K Street, Suite 1000
Sacramento, CA 95814