

Single Family Acquired Asset
Management System (SAMS)

**Authorized Signature(s)
for Payee File Maintenance**

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

1. DOCS Code (2 characters) for your HOC Area Identifier	2. HOC Area Name
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The following person or persons are authorized to approve the establishment and maintenance of payees in SAMS on behalf of the Department of Housing and Urban Development (HUD) for Single Family Real Estate Owned activities:

Primary		Alternate	
3. Name		6. Name	
4. Title		7. Title	
5. Signature		8. Signature	
X		X	
Alternate		Alternate	
9. Name		12. Name	
10. Title		13. Title	
11. Signature		14. Signature	
X		X	

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

Home Ownership Center Director's Certification

I certify that the persons identified in items 3 - 14 are HUD employees under my supervision and that they **will not** engage in the preparation, approval, or certification of disbursement transmittals related to the disposition of single family properties while exercising this authority.

16. Signature	17. Phone No. (area code)	18. Date (mm/dd/yyyy)
X		

Instructions for Completion of Form SAMS-1204 (Please use typewriter or print in ink)

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| 1. DOCS Code: Enter the two-character Departmental Organization Coding Structure (DOCS) code for your HOC Area, e.g., for Atlanta Area 2, use the code "A2." | 4. Title: Enter the title of the person being authorized (also lines 7, 10, & 13). |
| 2. HOC Area Name: Enter the HOC Area name (e.g., Atlanta Area 2). | 5. Signature: Enter signature of the person (also lines 8, 11, & 14). |
| 3. Name: Enter name of the person whose signature will be an authorized signature (also lines 6, 9, & 12). | 15. Name(s): Enter the name(s) of person(s) no longer authorized to sign forms SAMS-1110, -1111, and -1117. |
| | 16-18. Signature: Enter the signature and phone number of the HOC Director and date signed. |