

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

**OMB Control No. 2502-0306**

**Expires 01/31/2027**

1. DOCS Code (2 characters) for your HOC Area Identifier

2. HOC Area Name

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

Public reporting burden for this collection of information is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, REE, Department of Housing and Urban Development, 451 7th St SW, Room 4176, Washington, DC 20410-5000. When providing comments, please refer to OMB Approval No. 2502-0306. This agency may not collect information, and you are not required to complete this form, unless it displays a currently valid OMB control number. This information enables HUD to record and process financial transactions in its automated Single Family Acquired Asset Management System (SAMS) to dispose of acquired single-family properties. HUD reimburses M & M Contractors for their services in maintaining, marketing, and selling HUD homes, and HUD collects funds associated with the sales of these properties. The information enables HUD to create and maintain sound financial management practices and effective internal controls over the property disposition program. A response is required to obtain or maintain a benefit. Responses will not be held confidential.

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

**Homeownership 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**

- 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."
- HOC Area Name: Enter the HOC Area name (e.g., Atlanta Area 2).
- Name: Enter name of the person whose signature will be an authorized signature (also lines 6, 9, & 12).
- Title: Enter the title of the person being authorized (also lines 7, 10, & 13).
- Signature: Enter signature of the person (also lines 8, 11, & 14).
- 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.