**FORM 1**

**HOUSING TRUST FUND SIGNATURE FORM**

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| **AUTHORIZED SIGNATURES FOR REQUESTS FOR PAYMENT THE HOUSING TRUST FUND COMPETITIVE GRANT PROGRAM** | |
| 1. Grantee Name: | 2. Address: |
| 3. Contract Number: | 4. Telephone: |
| **TWO SIGNATURES ARE REQUIRED ON EACH REQUEST FOR PAYMENT** | |
| Signatures of Individuals Authorized to Sign Requests for Payment: | |
| 5. Typed Name and Signature | 5. Typed Name and Signature |
| 5. Typed Name and Signature | 5. Typed Name and Signature |
| I certify that the signatures above are of the individuals authorized to sign Requests for Payment. (**NOTE - The person signing in Box 6 cannot sign Pay Requests**) | |
| 6. Signature of Chief Elected Officer/Executive Director  Date: | |

A new signature form must be submitted whenever signatories change.