# **FORM l**

**TENNESSEE HOUSING DEVELOPMENT AGENCY**

**REBUILD AND RECOVER DISASTER PROGRAM**

**AUTHORIZED SIGNATURE FORM**

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| AUTHORIZED SIGNATURES FOR REQUESTS FOR PAYMENT  THDA REBUILD AND RECOVER DISASTER PROGRAM | |
| 1. Grantee Name: | 2. Address: |
| 3. Contract Number: | 4. Telephone: |
| TWO SIGNATURES ARE REQUIRED ON EACH REQUEST FOR PAYMENT SUBMITTED TO THDA | |
| 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. | |
| Signature of Chief Elected Official:  Date: | |