

FORM 1

EMERGENCY RENTAL ASSISTANCE - EVICTION PREVENTION PROGRAM SIGNATURE FORM

AUTHORIZED SIGNATURES FOR REQUESTS FOR PAYMENT EVICTION PREVENTION PROGRAM		
1. Grantee Name:	2. Address:	
3. Contract Number:	4. Email:	
TWO SIGNATURES ARE REQUIRED ON EACH REQUEST FOR PAYMENT		
Names and Signatures of Individuals Authorized to Sign Requests for Payment:		
5. _____ Name _____ Signature	6. _____ Name _____ Signature	
7. _____ Name _____ Signature	8. _____ Name _____ 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)		
9. Signature of Chief Elected Officer/Executive Director: _____ Name _____ Signature		_____ Title _____ Date

A new signature form must be submitted whenever signatories change.

