**THTF-2**

**AUTHORIZED SIGNATURE FORM**

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| **AUTHORIZED SIGNATURES FOR REQUESTS FOR PAYMENT ON THE THDA TENNESSEE HOUSING TRUST FUND GRANT** | |
| 1. Grantee Name: | 1. Address: |
| 3. Contract Number: | 4. Telephone Number: |
| **TWO ORIGINAL SIGNATURES ARE REQUIRED FOR EACH PAYMENT REQUEST SUBMITTED TO THDA** | |
| It is recommended that four signatures be shown to permit flexibility in making draw downs.  Signatures of individuals authorized to sign THTF 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 of the above individuals are only those persons authorized to sign THTF Requests for Payment | |
| 6. Signature of Chief Executive Officer or Board Chairperson: Date: | |

**NOTE: THE CHIEF EXECUTIVE OFFICER OR BOARD CHAIRPERSON WHO SIGNS IN BLOCK 6 MAY NOT BE ONE OF THE PERSONS AUTHORIZED TO SIGN A REQUEST FOR PAYMENT (PERSONS LISTED IN BLOCK 5). IN OTHER WORDS, A CHIEF EXECUTIVE OFFICER OR BOARD CHAIRPERSON CANNOT CERTIFY HIS OR HER OWN SIGNATURE.**

##### A new form must be submitted whenever authorized signers change.