

# State Housing Trust Fund Signature Authorization Form



Grant Agreement Number(s): \_\_\_\_\_

Grantee: \_\_\_\_\_

In the event that the "Authorized Representative of Grantee" designated in Exhibit A to the Grant Agreement(s) is unable to sign activity-related documents or correspondence for the Grantee's above referenced Grant Agreement(s), the following alternates are designated. The signatures attested below are effective as of:

\_\_\_\_\_ (date).

Sincerely,

\_\_\_\_\_  
Authorized Representative's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Alternate Signatory # 1

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Alternate Signatory # 2

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Printed Name