

Affordable Housing Assistance Program Authorized Signature Form

Purpose: To provide the names and signatures of those at the agency with authorization to process MHDC documents for the AHAP program.

Agency:	
AHAP Number:	

Authorized Signatures

* Authorizing Official	
Printed Name _____	Title: _____
Signature _____	_____

* Signature #1	
Printed Name _____	Title: _____
Signature _____	_____

Signature #2	
Printed Name _____	Title: _____
Signature _____	_____

Signature #3	
Printed Name _____	Title: _____
Signature _____	_____

* Authorizing Official must be Executive Director or equivalent.

Note: All program documents requiring signature(s) must be signed only by persons designated above.

I hereby certify that the above signatures are of the individuals authorized to sign documents for the above referenced program.

Signature (Authorizing Official)	Title
Print	Date

If you or someone you know served in the U.S. Armed Forces, we encourage you to visit <http://veteranbenefits.mo.gov> or call (573) 751-3779 to learn about available resources.