Missouri Housing Development Commission Form: MHDC-101

Authorized Signature Form

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

Agency Name:	
Grant Number(s):	

Authorized Signatures

* **Authorizing Official**

Printed Name: _____ Title: _____

Signature: _____ **E-Signature:** _____

* **Additional Signature 1**

Printed Name: _____ Title: _____

Signature: _____ **E-Signature:** _____

Additional Signature 2

Printed Name: _____ Title: _____

Signature: _____ **E-Signature:** _____

Additional Signature 3

Printed Name: _____ Title: _____

Signature: _____ **E-Signature:** _____

* At least two authorized signature boxes must be completed by different individuals.

Note: All grant 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 grant(s).

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.

Effective Date: March 19, 2026