

**KENTUCKY HOUSING CORPORATION  
AUTHORIZED SIGNATURE FORM**

|                                      |                                  |
|--------------------------------------|----------------------------------|
| <b>A. Name/Address of Recipient:</b> | <b>B. Funding Agreement RN#:</b> |
|--------------------------------------|----------------------------------|

**AUTHORIZED SIGNATURES FOR REQUEST FOR PAYMENT**

|   |   |
|---|---|
| <p><b>C. Typed Name and Title of Person Authorized to Submit Draw Requests:</b></p><br><br><hr/> <p><b>Typed Name/Title</b></p><br><br><hr/> <p><b>Signature</b></p>  | <p><b>D. Typed Name and Title of Alternate Person Authorized to Submit Draw Requests:</b></p><br><br><hr/> <p><b>Typed Name/Title</b></p><br><br><hr/> <p><b>Signature</b></p>  |
| <p><b>E. Typed Name and Title of Person who signs the Organization’s checks to disburse funds to vendors, contractors, etc.:</b></p><br><br><hr/> <p><b>Typed Name/Title</b></p><br><br><hr/> <p><b>Signature</b></p> | <p><b>F. Typed Name and Title of CEO, Executive Director, Mayor, County Judge, etc., certifying that the persons named in Boxes C and D above are authorized to submit requests for payment:</b></p><br><br><hr/> <p><b>Typed Name/Title</b></p><br><br><hr/> <p><b>Signature</b></p><br><br><hr/> <p><b>Date</b></p> |

**INSTRUCTIONS**

1. In Box A, enter the legal name of recipient and complete mailing address, including zip code.
2. In Box B, enter the funding agreement number that begins with “RN.”
3. In Box C, enter the name of the organization’s staff member who is authorized to submit requests for payment (draw requests) to KHC.
4. In Box D, enter the name of an alternate staff member who is authorized to submit requests for payment (draw requests) to KHC. **This cannot be the same person in Box C.**
5. In Box E, enter the name of the staff member who signs the organization’s checks to disburse funds to vendors, contractors, etc. **This person may not submit draw requests to KHC and cannot be the same person in Box C or D.**
6. In Box F, enter the name and signature of the CEO, Executive Director, Mayor, etc., to certify that the signatories in Boxes C and D are authorized to request payment of KHC funds. **The person signing in Box F cannot be the same person who signed in Box C or D.**