

Maryland Affordable Housing Trust

Authorized Signatures for Grantee Requests for Payment

- 1. Name of Grantee: _____
- 2. Address: _____

- 3. Grant Agreement effective date: _____
- 4. MAHT Award No.: _____
- 5. The individuals named below are authorized to sign **Requests for Payment (RFP):**

<u>Typed Name</u>	<u>Title</u>	<u>Signature Exactly as it Appears on RFP form</u>
_____	_____	_____
_____	_____	_____

6. Certification – Person Certifying Signatures Must Be Other Than the Individuals Authorized to Sign Requests For Payments (RFP).

I certify that the signatures above are of the individuals authorized to co-sign Requests for Payment:

_____	_____	_____
Date	Title	Signature