

**AUTHORIZED SIGNATURE CARD
FOR DRAWDOWN OF FUNDS
UNDER THE COMMUNITY HOME INVESTMENT PROGRAM**

Name and Address of State Recipient or Sub-recipient:

CHIP Grant Number:

Tax ID Number:

DUNS Number:

SIGNATURE OF INDIVIDUALS AUTHORIZED
TO INITIATE DRAW REQUEST

ONLY ONE SIGNATURE REQUIRED ON DRAW REQUEST

or
ANY TWO SIGNATURES REQUIRED ON DRAW REQUEST

Typed Name and Signature

Typed Name and Signature

Typed Name and Signature

Typed Name and Signature

I CERTIFY THAT THE SIGNATURES ABOVE ARE THE INDIVIDUALS AUTHORIZED TO REQUEST PAYMENT UNDER THE GRANT CITED ABOVE:

SIGNATURE OF AUTHORIZING OFFICIAL (State Recipient/Sub-recipient)

DATE

TYPED NAME OF AUTHORIZING OFFICIAL