



**Authorized Signature Card for  
Request for Payment and Status  
of Fund Report**

**PROJECT NAME:** \_\_\_\_\_

|                                       |   |
|---------------------------------------|---|
| Grant issued in favor of (Recipient): | Issued by the State of Ohio<br><br>Ohio Housing Finance Agency<br>57 East Main Street<br>Columbus, OH 43215 |
| Typed Name, Title and Signature       | Typed Name, Title and Signature   |
| Typed Name, Title and Signature       | Typed Name, Title and Signature   |

**NOTE: A minimum of two signatures are required on every Request for Payment and Status of Funds Report (Draw).**

I certify that the above signatures are of the individuals authorized to sign the Request for Payment and Status of Funds Reports (Draw).

\_\_\_\_\_  
Date                      Signature of Authorizing Official (Recipient)

The authorizing official must also complete and submit the Signature Certificate.

This document hereby supersedes any and all previous forms "Authorized Signature Card for Payment and Status of Funds Report" submitted by the Recipient for the project noted. All Previous forms are hereby null and void.