HOME/HTF Affordable Housing Development Grant Administration Manual
Tools and Resources
Signature Certification Form

This resource allows grantees to authorize officials to sign requests for payment of HOME/HTF funds. At least three officials should be authorized to sign, and it is acceptable to have more to assure that at least two signatories are available for all requests.

Montana Department of Commerce
Community Development Division, HOME/HTF Program
301 S. Park Ave.
P.O. Box 200523
Helena, Montana 59620-0523

This is to certify that the following officials¹ are authorized to sign requests for payment of HOME Investment Partnerships (HOME) and/or Housing Trust Fund (HTF) funds for the (name of grantee) (name of project) HOME/HTF grant:

1. ____________________________  ____________________________
   Signature  Title
   ____________________________
   Typed Name

2. ____________________________  ____________________________
   Signature  Title
   ____________________________
   Typed Name

3. ____________________________  ____________________________
   Signature  Title
   ____________________________
   Typed Name

¹ If grantee is a local government, suggested signatories include the chief elected official (Mayor or Chairperson of County Commission), city or county clerk or treasurer, and the HOME/HTF project manager. If grantee is a non-profit, suggested signatories include an executive officer (Board Chairperson and/or Executive Director), financial officer, and the HOME/HTF project manager.
It is understood that any two of the above signatories must sign each request for payment submitted.

I hereby certify that I have witnessed the signing of the above named signatures.

_______________________ ______________________
Signature of Witness Date

___________________________________
Typed Name and Title of Witness

STATE OF MONTANA )
)ss.
County of ___________ )

This instrument was acknowledged before me on ______________________, by
___________________________________.

(NOTARIAL SEAL)

Printed Name:______________________________
NOTARY PUBLIC FOR STATE OF MONTANA
Residing at_________________________________
My Commission expires_______________________