



IOWA FINANCE
AUTHORITY

AUTHORIZED SIGNATURE FORM

Iowa Finance Authority
HOME Program Allocation Dept.
1963 Bell Avenue, Suite 200
Des Moines, IA 50315

RE: Contract #: _____

Project Name: _____

Whereas, the following individual(s) hereby represents and certifies under penalty of perjury that they are authorized to sign and approve any and all documents on behalf of this contract, including authorizing payment of funds.

Project's Authorized Representative

Signature

Title

Date

Persons delegated to sign on behalf of project's authorized representative:

Name of Authorized Representative

Signature

Title

Date

Organization

Name of Authorized Representative

Signature

Title

Date

Organization

**If any of the above authorized signators change, you are required to notify IFA.
and submit a new Authorized Signature Form.**