**CERTIFICATION OF SIGNATURES AND ADDRESS**

Indoor Plumbing Rehabilitation Loan Program Contract # _____

_____, does hereby certify that _____ is the Chief Executive Officer of _____ and that only the following named individuals are authorized to sign requests for Indoor Plumbing Rehabilitation Loan Program funds from the Department of Housing and Community Development, Project Management Office:

_____ _____
Name (please type) Signature

_____ _____
Name (please type) Signature

The affiant does further state that all payments made by the Department of Housing and Community Development pursuant to the Indoor Plumbing Rehabilitation Loan Program contract #_____ should be made only to the named payee and address below, which payee the affiant hereby certifies to be authorized to receive such funds at the address below:

PAYEE (grantee locality): _____

Address: _____

_____

City, State, Zip code: _____

CERTIFIED by: _____
Signature

_____
Title

The Federal Identification Number (FIN) for this account is: _____-_____. Sworn and subscribed before me, a Notary Public, in and for the Commonwealth of Virginia, this _____ day of _____, 200_____.

Address: _____
Notary Public

My commission expires: _____