

CERTIFICATION OF SIGNATURES AND ADDRESS

RE: Virginia Indoor Plumbing Rehabilitation Flex Program # _____

_____, being first duly sworn, does hereby certify that _____ is the Chief Executive Officer of _____ and that only the following named individuals are authorized to sign/submit Remittance requests for Virginia Indoor Plumbing Rehabilitation Flex Program funds from the Department of Housing and Community Development, Project Administration and Assistance 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 Virginia Indoor Plumbing Rehabilitation Flex 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 (Regional Administrator):

Name: _____

Address: _____

City, State, Zip-code: _____

CERTIFIED by:

Signature of Chief Executive Officer

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 _____, _____.

Notary Public

My commission expires: _____

Registration number: _____

THIS PAGE INTENTIONALLY LEFT BLANK