

**Capital Bill Preservation Program: Limited Rehabilitation
Principal Draw Request Signature Authorization Form**

Grant Number: _____ Legal Entity Name: _____ (the "Entity")

Legal Entity Type (Cooperative, Corporation, Limited Liability or Partnership): _____

Development Name: _____ (the "Development")

Development Address: _____

Ladies and Gentlemen:

I (We), the undersigned, as authorized representative(s) of the Entity, authorize Illinois Housing Development Authority ("IHDA") to honor request to issue Preservation Program grant funds for the Development when such requests are authorized in writing by any of the following person(s).

| Name (Type or Print) | Signature |
|-------------------------|-----------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

The above mentioned individual(s) have full authority to act on behalf of the Owner to authorize disbursement of program grant funds held by IHDA until such time as you are notified in writing of a change in the person(s) so authorized.

I (We), agree to hold IHDA harmless from any liability which may arise due to a written direction from the authorized individual(s) listed above. This agreement shall be in full force and effect and binding upon the Owner until written notice shall be given to IHDA by any authorized representative of the Managing Member of the Owner.

Dated this _____ day of _____, 202__.

By: _____

Its: _____

Printed Name: _____

STATE OF _____)

COUNTY OF _____)

On this _____ day of _____, 202__, _____, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me in person and acknowledged that he/she signed and delivered the said instrument as his/her free and voluntary act.

Commission Expires:

Notary Public