

**MISSISSIPPI HOME CORPORATION BLIGHT ELIMINATION PROGRAM  
STATEMENT OF SOURCES OF FUNDS**

I, \_\_\_\_\_, as the \_\_\_\_\_ of \_\_\_\_\_  
certify that, for the purposes of blight elimination activities at \_\_\_\_\_,  
intend to utilize the following sources of funds:

\_\_\_\_\_

I plan to seek reimbursement of these funds from Mississippi Home Corporation under its  
Blight Elimination Program, but I agree and acknowledge that such will only be provided if  
certain Blight Elimination Program requirements and terms are met (as established by Program  
documents and guidelines).

By: \_\_\_\_\_  
Its: \_\_\_\_\_

STATE OF MISSISSIPPI  
COUNTY OF \_\_\_\_\_

Personally appeared before me, the undersigned authority in and for the said county and  
state, on this \_\_\_\_ day of \_\_\_\_\_, 2017, within my jurisdiction, the within  
\_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the  
person whose name is subscribed in the above and foregoing instrument and acknowledged that  
he/she executed the same in his representative capacity, and that by his/her signature on the  
instrument, and as the act and deed of the person or entity upon behalf of which he/she acted,  
executed the above and foregoing instrument, after first having been duly authorized so to do.

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_