



**FLORIDA DEPARTMENT OF ECONOMIC OPPORTUNITY
REBUILD FLORIDA HOUSING REPAIR AND REPLACEMENT PROGRAM
FOR HURRICANE MICHAEL**

LIMITED POWER OF ATTORNEY

STATE OF FLORIDA

COUNTY OF _____

I, _____, of _____, do hereby constitute and appoint _____, of _____, to be my true, sufficient, and lawful attorney-in-fact, for me and in my name for purposes of requesting information, executing documents, granting permissions, or completing any process relating to the State of Florida, Department of Economic Opportunity's (DEO) Rebuild Florida Housing Repair and Replacement Program (Rebuild Florida). Without limiting other available actions, my attorney-in-fact may: (1) complete an Application to the Rebuild Florida Housing Repair and Replacement Program, (2) execute a Home Owner Grant Agreement, (3) execute a Subrogation Agreement, (4) complete a Right of Entry Permit, (5) accept an Award Letter, (6) appeal a determination, (7) execute a Fraud Acknowledgement Regarding False or Misleading Statements Certification, (8) consent to the release of personal information, (9) complete a certification regarding income, and (10) completing duplication of benefits certifications.

This Limited Power of Attorney will terminate upon my provision of a written notice to Rebuild Florida. I reserve the right to revoke this Limited Power of Attorney by informing my attorney-in-fact of its revocation.

In witness, I have executed this Limited Power of Attorney on _____.

Signature of Principal

Witness (1): Printed Name _____

Signature: _____

Witness Address: _____



Witness (2): Printed Name _____

Signature: _____

Witness Address: _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was executed before me this ____ day of _____, 20____, by _____ who is the principal and who is personally known to me/or who has produced _____ as identification and who did/did not take an oath.

Signature

Print or Type Name

(Notary Seal)

Commission Number: _____

My Commission Expires: _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____ who is the first witness and who is personally known to me/or who has produced _____ as identification and who did/did not take an oath.

Signature



Print or Type Name

(Notary Seal)

Commission Number: _____

My Commission Expires: _____

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ who is the second witness and who is personally known to me/or who has produced _____ as identification and who did/did not take an oath.

Signature

Print or Type Name

(Notary Seal)

Commission Number: _____

My Commission Expires: _____



AGENT'S AFFIDAVIT

STATE OF _____

COUNTY OF _____

Before me, the undersigned authority, personally appeared _____
("Agent/Affiant"), who swore or affirmed that:

1. Affiant is the agent named in the Power of Attorney executed by _____ ("Principal") on ____/____/____.
2. This Power of Attorney is currently exercisable by Affiant. The principal is domiciled in that state of _____.
3. To the best of Affiant's knowledge after diligent search and inquiry:
 - a. The Principal is not deceased;
 - b. Affiant's authority has not been suspended by initiation of proceedings to determine incapacity or to appoint a guardian or a guardian advocate;
 - c. Affiant's authority has not been terminated by the filing of an action for dissolution or annulment of Affiant's marriage to the principal, or their legal separation; and
 - d. There has been no revocation, or partial or complete termination, of the power of attorney or of Affiant's authority.
4. Affiant is acting within the scope of authority granted in the power of attorney.
5. Affiant agrees not to exercise any powers granted by the Power of Attorney if Affiant attains knowledge that the power of attorney has been revoked, has been partially or completely terminated or suspended, or is no longer valid because of the death or adjudication of incapacity of the Principal.

[Remainder of page intentionally left blank. Signature page to follow.]



AGENT

Signature: _____

Printed Name: _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, _____
by:

NOTARY PUBLIC

Notary or Bar# _____

My commission expires _____

Personally, Known OR Produced Identification
