



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

**LIMITED POWER OF ATTORNEY**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before the undersigned Notary Public, duly commissioned in and for the County and State aforesaid, and in the presence of the undersigned witnesses, personally appeared: \_\_\_\_\_

(Driver's License # \_\_\_\_\_), a resident of the County of \_\_\_\_\_, State of \_\_\_\_\_, whose mailing address is declared to be \_\_\_\_\_ (hereinafter referred to as "Principal" or "Owner"), who declared that Principal has made and appointed and does hereby presents, make, ordain, authorize, constitute and appoint and in the Principal's place and stead, delegate and put:

\_\_\_\_\_ (Driver's License# \_\_\_\_\_), a resident of lawful age of the County of \_\_\_\_\_, State of \_\_\_\_\_, whose mailing address is declared to be \_\_\_\_\_

(hereinafter referred to as "Agent"), to be Principal's true and lawful agent and attorney-in-fact, but limited to the specific functions set forth below, granting unto Agent full power and authority for Principal and in Principal's name and behalf and to his/her use, to execute any and all documents required by the State of Florida, Department of Economic Opportunity (DEO) or its agents, designees and contractors in connection with any grant awarded to Principal ("Grant") under the Rebuild Florida Housing Repair and Replacement Program ("Program") for Hurricane Irma relating to the damaged property located at \_\_\_\_\_ (address), of \_\_\_\_\_ (county), Florida, including but not limited to the following documents required for the Rebuild Florida Housing Repair and Replacement Program:

1. Application to the Rebuild Florida Housing Repair and Replacement Program
2. Grant Agreement
3. Subrogation Agreement
4. Right of Entry Permit
5. Acceptance, Reconsideration, or Appeal of Award Letter
6. Fraud Acknowledgement Regarding False or Misleading Statements Certification
7. Consent and Release of Personal Information
8. Certification of Income
9. Escrow Receipt
10. Same Name Certificate



Agent, however, is restricted to the execution of any and all documents required by the State of Florida, Department of Economic Opportunity (DEO) in connection with any grant awarded to Principal ("Grant") under the Rebuild Florida Housing Repair and Replacement Program ("Program") for Hurricane Irma.

Signed in the City of \_\_\_\_\_, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ in the presence of the undersigned competent witnesses and notary public.

**WITNESSES**

\_\_\_\_\_

Printed Name: \_\_\_\_\_

\_\_\_\_\_

Printed Name: \_\_\_\_\_

**PRINCIPAL/OWNER**

\_\_\_\_\_

Printed Name: \_\_\_\_\_

**AGENT-IN-FACT**

\_\_\_\_\_

Printed Name: \_\_\_\_\_

\_\_\_\_\_

**NOTARY PUBLIC**

Notary or Bar # \_\_\_\_\_

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

\_\_\_\_\_