



STATE OF LOUISIANA, DIVISION OF ADMINISTRATION  
OFFICE OF COMMUNITY DEVELOPMENT  
RESTORE LOUISIANA HOMEOWNER ASSISTANCE PROGRAM

LIMITED POWER OF ATTORNEY

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

PARISH OF \_\_\_\_\_

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

\_\_\_\_\_ (La DL # \_\_\_\_\_), a resident of the Parish of \_\_\_\_\_, State of Louisiana, 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:

\_\_\_\_\_ (La DL# \_\_\_\_\_), a resident of lawful age of the Parish of \_\_\_\_\_, State of Louisiana, 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, given and by these presents, 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 Louisiana, Division of Administration, Office of Community Development ("OCD") in connection with any grant awarded to Principal ("Grant") under the Restore Louisiana Homeowner Assistance Program (RLHP) for the 2016 Floods (the "Program") relating to the immovable property located at \_\_\_\_\_, City of \_\_\_\_\_, Louisiana, including but not limited to the following documents required for the Restore Louisiana Homeowner Assistance Program:

1. Application to the Restore Louisiana Homeowner Assistance Program
2. Grant Agreement, for Solutions 1, 2, or 3.
3. Subrogation/Assignment Agreement
4. Right of Entry
5. Acceptance, Modification, or Appeal of Award Letter
6. Certification of no False or Misleading Statements
7. Consent and Release of Personal Information
8. Certification of Income
9. Construction Affidavit
10. Escrow Receipt
11. Same Name Certificate



Agent being authorized generally to do and perform all and every act, matter, and thing whatsoever, as shall or may be requisite and necessary to effect the purposes hereof, as fully, amply, and effectually, and to all intents and purposes with the same validity, as if all and every such act, matter and thing were or had been particularly stated, expressed and provided for, or as Principal could or might do if personally present; and Principal hereby ratifies and confirms all and whatsoever Agent may lawfully do or cause to be done by virtue of this Power of Attorney. Agent, however, is restricted to the execution of any and all documents required by the State of Louisiana, Division of Administration, Office of Community Development (“OCD”) in connection with any grant awarded to Principal (“Grant”) under the Restore Louisiana Homeowner Assistance Program for the 2016 Floods (the “Program”). **Agent is NOT authorized under this Power of Attorney to endorse or negotiate the check payable to the Principal resulting from the Grant awarded to the Principal. The Agent is not authorized to receive payments under the Grant awarded to the Principal. The Grant check will NOT be made payable to the Agent.**

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

**WITNESSES**

**PRINCIPAL/OWNER**

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

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

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

**AGENT-IN-FACT**  
 \_\_\_\_\_  
 Printed Name: \_\_\_\_\_

\_\_\_\_\_  
**NOTARY PUBLIC**  
 Notary or Bar # \_\_\_\_\_  
 My commission expires \_\_\_\_\_