



Limited Power of Attorney

Purpose: By granting an individual Limited Power of Attorney, an SC Stay Primary Applicant can designate a third party to obtain information about their program application status, make decisions on their behalf, and sign the grant agreement and other program documents or affidavits on their behalf. Completion of this form authorizes SC Stay to accept decisions made by the Limited Power of Attorney designee on behalf of the Primary Applicant. Individuals with an existing general or durable POA do not need to complete this form. Instead, they should provide the Program with the executed Power of Attorney document.

Instructions: The Primary Applicant and Limited Power of Attorney designee should provide their full legal names and addresses. In order to be valid, this form must be signed and dated by the Primary Applicant and witnessed by a notary public.

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States government.

State of South Carolina, County of _____

I, _____, the undersigned ("Primary Applicant" or "Grantor"), hereby appoint _____ ("Agent") whose physical address is _____, to be my true and lawful attorney-in-fact, to do for me anything of any character which I might do if I were personally present and acting, with respect to the execution of any documents required by the South Carolina State Housing Finance and Development Authority ("SC Housing") or its agents, in connection with any grant/award awarded to me under SC Stay ("Program"), relating to a property located at: _____, County of _____, _____, South Carolina.

The Agent's authority is restricted to the execution of any and all documents required by SC Housing in connection with the Program, but DOES NOT INCLUDE the transfer of checks payable to me as part of an award under the Program. Documents from the Program may include, but are not limited to, the following:

1. Application to SC Stay
2. Grant Agreement and Amendments
3. Tenant Landlord Agreement
4. Third-Party Authorization Form
5. Income Certification Form
6. Declaration of Citizenship Status

The Agent may also perform any other act in connection with my participation in SC Stay as my agent deems necessary or desirable in connection with this purpose.

The Agent may perform the Acts as fully and to all intents and purpose as Grantor, with full power of substitution, and Grantor hereby ratifies all the acts Agent may do by the Limited Power of Attorney.

This Limited Power of Attorney shall be governed by the laws of the State of South Carolina. If any part of this Limited Power of Attorney is deemed to be unenforceable as to one or more parties or in any respect, such determination shall not impair or affect the enforceability of the others terms of this document.

It is my intention that this Limited Power of Attorney remain in effect, notwithstanding my subsequent incapacity or mental incompetence; and my Agent shall keep full and accurate records of all transactions for me.

Any person, including my Agent, may rely upon the validity of this Limited Power of Attorney or a copy of it unless that person knows it has terminated or is invalid.

This Limited Power of Attorney is effective immediately and shall expire on _____, 20__.

IN WITNESS WHEREOF, Grantor has caused this Limited Power of Attorney to be executed as of this the ____ day of _____, 20_____.

WITNESSES:

Grantor:

Printed Name: _____

Printed Name: _____

Printed Name: _____

ACKNOWLEDGEMENT

STATE OF SOUTH CAROLINA)
)
COUNTY OF _____)

I _____, do hereby certify that _____ ("Grantor" herein), personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this the ___ day of ___ 20_____.

Notary Public
Printed Name: _____
State of South Carolina
My commission expires: _____

(NOTARY STAMP OR SEAL)