Tennessee Limited Power of Attorney

BE IT ACKNOWLEDG	ED that I,		residing at
			Full Name
Full Address		, the under	rsigned, do hereby grant a limited and
specific power of attorne	v to		
-	-		Full Name
ofFull Address			
			Phone
as my attorney-in-fact.			
Said attorney-in-fact sha following act on my beha	-	wer and autho	ority to undertake and perform only the
by the City of Memph	nis, by and t	hrough its D	orm any other act reasonably requested Division of Housing and Community action Assistance Program.
The authority herein sha out and perform the spec			acts as are reasonably required to carry in.
, ,	ciary capacity		nt subject to its terms, and agrees to ac ith my best interest, as my attorney-in
by me at any time, and si	hall automatic of attorney sh	ally be revoke all have full	This power of attorney may be revoked upon my death, provided any person rights to accept and reply upon the tual notice of revocation.
State Law: This Power o	f Attorney is g	overned by th	ne laws of the State of Tennessee.
Signed this	day c	of	20
			Signature

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF TENNESSEE COUNTY OF SHELBY

This document was acknowledged before me on	the, 20 by
[Notary Seal, if any]:	
	(Signature of Notarial Officer)
	Notary Public for the State of Tennessee
	My commission expires: