## **SPECIAL POWER OF ATTORNEY**

**PREAMBLE:** This is a military Power of Attorney prepared pursuant to Title 10, United States Code, Section 1044b, and executed by a person authorized to receive legal assistance from the military service. Federal law exempts this power of attorney from any requirement of form, substance, formality, or recording that is prescribed for powers of attorney by the laws of a state, the District of Columbia, or a territory, commonwealth, or possession of the United States. Federal law specifies that this power of attorney shall be given the same legal effect as a power of attorney prepared and executed in accordance with the laws of the jurisdiction where it is presented.

**KNOW ALL PERSONS BY THESE PRESENTS:** 

That I,			of the State	e of and	a k
member of the United States	s Armed Forces, currently at		, pı	rsuant to Military	
Orders, do hereby appoint _			_ of the State of	, my true and	1
lawful attorney-in-fact to do	the following in my name and in my beha	alf:			
such on post housir authorized for use i papers and perform Agreement (ROA le	-	ession of my furniture, ap e assigned; to execute all ping, to include signing the	pliances, and equipm necessary documents Fort Belvoir Resident	ent that may be , instruments or t Occupancy	f
located, including co change, or stop an a My attorney-in-fact	ets necessary and appropriate with the De completing and filing with DFAS a DD Form allotment to Fort Belvoir Residential Come is authorized to sign, seal and execute ar ization to Start, Stop, or Change an Allotm	n 2558 (Authorization to St munities, LLC, for an amou ny and all documents, inclu	cart, Stop, or Change a ant equal to my Basic ading, completing and	an Allotment), to st Allowance for Hous I filing with DFAS a	sing
I HEREBY AUTHORIZE MY AT ACCORDANCE WITH THIS PO	ITORNEY TO INDEMNIFY AND HOLD HAR OWER OF ATTORNEY.	MLESS ANY THIRD PARTY	WHO ACCEPTS AND	ACTS UNDER OR II	N
incapacitated, or incompete	ABLE Power of Attorney. This Power of At nt. All acts done by my Attorney hereund ere competent, and not disabled, incapac	er shall have the same effe		•	
	o seek legal counsel in order to determine may affect the validity of this document.	e the existence of legal red	quirements, such as re	equired filing or	
I HEREBY RATIFY ALL THAT M	1Y ATTORNEY SHALL LAWFULLY DO OR CA	AUSE TO BE DONE BY THIS	DOCUMENT.		
	become effective when I sign and executome NULL and VOID on			rminated by me, th	his
	under for me for my account shall be tran ose of carrying out the foregoing powers s t."				ted
	n, seal, declare, publish, make and const at my request this date,			he presence of the	<b>:</b>
GRANTOR SIGNATURE					
WITH THE ARMED FORCES O	OF THE UNITED STATES AT				
Subscribed, sworn to and acl	knowledge before me by			, who is kno	wn
This acknowledgment is exe	knowledge before me by e Armed Forces of the United States serving ecuted in my official capacity under the a that no seal is required on this acknowle	uthority granted by Title1	0, United States Cod	, 20 e, Section 1044a, a	 and
Name, grade, and position o	of person providing notorial service:				
Name		Grade Position			