LIMITED POWER OF ATTORNEY FOR ACCESS. REMOVAL AND REFUND

Name: _____

Address:_____

Account No: _____

The Undersigned, a tenant of the Housing Authority of the City of Moundsville (the "Authority") do(es) hereby authorize the Authority in the event of (1) my death, (2) my mental or physical incapacity or (3) my abandonment of personal property after termination of my lease, to contact the person(s) named below for the purpose of removal and receipt of my furnishings and possessions and to become the recipient of any refund of monies following such removal. I also authorize the Authority to give access to my apartment to the person named in the event of my death, mental or physical incapacity, and inability to take care of myself, inability to return to my apartment, or abandonment of my personal property after lease termination. If the first named individual is unavailable or unwilling to act, then I hereby authorize the Authority to contact the second named individual for this purpose.

1. Name: _____

   Address: _____

   Relationship: _____

   Telephone: Home _____

   Work _____

2. Name: _____

   Address: _____

   Relationship: _____

   Telephone: Home _____

   Work _____

Should either party be unavailable or decline to act on my behalf, within ten (10) days after contact, the Authority is hereby authorized to remove furnishings and other personal property and dispose of them in such a manner deemed reasonable and necessary by the Authority.

_____ _____

Witness Date Tenant Signature Date

_____

Tenant Signature Date