

**AFFIDAVIT OF AUTHORIZATION TO USE AGRICULTURAL PROPERTY**

State of Florida

County of \_\_\_\_\_

Before me, the undersigned authority, personally appeared ("Owner"), who being duly sworn, deposes and states as follows:

**I. OWNER INFORMATION**

Full Legal Name (Individual or Authorized Signer): \_\_\_\_\_

Business Entity Name (if applicable): \_\_\_\_\_

**II. APPLICANT INFORMATION (AUTHORIZED USER)**

The Owner certifies that the following individual or business entity (the "Applicant") is authorized to use the parcel(s) described in this affidavit for agricultural purposes related to the FDACS Block Grant Disaster Relief Program.

Applicant Full Legal Name (Individual or Authorized Signer): \_\_\_\_\_

Applicant Business Entity Name (if applicable): \_\_\_\_\_

**III. PROGRAM CONTEXT**

This Affidavit is submitted in support of an application to the Florida Department of Agriculture and Consumer Services (FDACS) Block Grant Disaster Relief Program related to named storm events occurring in 2023 and/or 2024. This Affidavit is provided in lieu of a lease or other formal agreement to satisfy ownership requirements and to establish the applicant's legal right to conduct agricultural operations on the parcels identified below. This Affidavit is further submitted to affirm, to the best of the Owner's knowledge, that the Applicant was actively engaged in agricultural operations during the periods identified below.

**IV. DESCRIPTION OF PARCEL(S) AND AUTHORIZED USE DATES**

The Owner certifies that they hold an ownership interest in the parcel(s) listed in **Appendix A** and that the Applicant identified above was authorized to use the parcel(s) during the time period(s) stated.

**V. AUTHORIZATION TO USE PROPERTY**

The Owner affirms that they have granted the Applicant legal authority to use the parcel(s) listed above for agricultural purposes related to the activities identified in the associated FDACS Block Grant Disaster Relief Program application.

**VI. SPLIT OWNERSHIP ACKNOWLEDGMENT**

The Owner acknowledges that ownership of the parcel(s) may be split among multiple parties or entities. By executing this affidavit, the Owner certifies that any required consents or authorizations from co-owners necessary to permit the Applicant's authorized use of the parcel(s) have been obtained.

**VII. NON-DUPLICATION OF PARCELS**

The Owner certifies that the parcel(s) listed in this affidavit are not being claimed, and will not be claimed, by any other individual or business entity, including any other owner or co-owner of the parcel(s), for disaster assistance under this Program during the stated period of authorized use by the Applicant.

**VIII. SUBSTANTIATION STATEMENT**

The Owner affirms that this authorization may be substantiated upon request, including but not limited to deeds, leases, written agreements, corporate resolutions, or other documentation deemed acceptable by FDACS.

**IX. CERTIFICATION**

The Owner certifies under penalty of perjury that the statements made in this affidavit are true, correct, and complete to the best of their knowledge, and that this affidavit is executed for the purpose of supporting an application for disaster assistance administered by FDACS.

**X. SIGNATURE**

Owner Signature: \_\_\_\_\_

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

Title (if applicable): \_\_\_\_\_

Form of Identification: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTARY ACKNOWLEDGMENT**

Sworn to (or affirmed) and subscribed before me by means of \_\_\_ physical presence or \_\_\_ this \_\_\_ day of \_\_\_\_\_, 20\_\_\_ by \_\_\_\_\_.

Notary Public Signature: \_\_\_\_\_

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

Commission Number: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

