CONFLICT OF INTEREST DISCLOSURE

CITY OF HOUSTON HOUSING AND COMMUNITY DEVELOPMENT

HOMEOWNERS & HOMEBUYERS

INFORMATION

Applicant Name		Co-Applicant Name (if applicable)	
Program		Funding Source	
Address (if applicable)			
City		State	Zip

DISCLOSURE

*Note: In this disclosure, family members include whether by blood, marriage, or adoption: spouse, parent (including a stepparent), child (including a stepchild), sibling (including a step-sibling), aunts/uncles, nieces/nephews, grandparent, grandchild, great grandparent, great grandchildren, in-laws, romantic partners, and anyone who resides in the same household of a covered person.

1. **Do you currently work for the City of Houston? If so, what City department do you work in and what is your current job title?**   Yes *(complete below)*   No

City Department	Job Title

2. **In your role at the City, do you, or your work/job duties, engage with the Housing Department directly or indirectly? If so, what are those duties?**   Yes *(complete below)*   No   N/A

3. **Is your position funded by, or do you exercise any functions involving, federal grant dollars? If so, list funding source(s).**   Yes *(complete below)*   No   N/A

4. **Do you know any employee in the City's Housing Department? If so, who?**   Yes *(complete below)*   No

Please indicate the names, positions, and telephone numbers for each person applicable to the above question, including yourself (if applicable)

Name	Position and Department	Email Address	Telephone Number

Please fill out additional forms as needed.

5. **Do you have any immediate family member(s)* who work in the City's Housing Department? If so, who?**   Yes *(complete below)*   No

Please indicate the names, positions, and telephone numbers for each person applicable to the above question, including yourself (if applicable)

Name	Position and Department	Email Address	Telephone Number

Please fill out additional forms as needed.

6. **Are you, your immediate family member(s)*, or your business partner(s) currently or within the past year an employee, agent, consultant, officer, elected or appointed official, sub-recipient, or vendor of the City of Houston?**   Yes *(complete below)*   No

Please indicate the names, positions, and telephone numbers for each person applicable to the above question, including yourself (if applicable)

Name	Position and City Department	Email Address	Telephone Number

Please fill out additional forms as needed.

7. **Are you, your immediate family member(s), or your business partner(s) currently or within the past year employed by, or financially affiliated with, any subcontractor, consultant, or vendor performing work (directly or indirectly) under a City of Houston Housing Department contract or program?**   Yes *(complete below)*   No

I/We certify that the information presented above is true and accurate to the best of my/our knowledge.

_____   _____
Applicant Initials   Co-Applicant Initials

Continued on next page.

HOMEOWNERS & HOMEBUYERS

DISCLOSURE
(CONTINUED)

8. Are you an employee and/or family member of an entity performing work on behalf of the Housing Department's Single Family Programs (i.e. Single Family Home Repair, New Home Development Program, CHDO, etc.)?

Yes *(complete below)*   No

9. Are you an employee and/or family member of a direct contractor to an entity performing work on behalf of the Housing Department's Single Family Programs (i.e. Single Family Home Repair, New Home Development Program, CHDO, etc.)?

Yes *(complete below)*   No

ADDITIONAL RELEVANT INFORMATION

If a potential conflict is identified, the City may request a waiver from its grantor (i.e. HUD, DOL, GLO). Federal regulations allow the grantor to consider "any other relevant facts" when evaluating a conflict-of-interest waiver request. You may use the space below to provide any additional information you believe may be relevant to the grantor's consideration of your specific circumstances. Examples of relevant information may include, but are not limited to:

- Urgent health or safety conditions affecting the property (e.g., roof failure, structural issues, lack of utilities)
- Income level or vulnerability status (e.g., extremely low-income household, 30% AMI)
- Disability or accessibility needs
- Risk of displacement or homelessness
- Time-sensitive circumstances
- Any other facts you believe would assist the grantor in understanding your situation

CITY OF HOUSTON EMPLOYEES ONLY

I am a City of Houston Employee, and I affirm that I have not used or attempted to use my official position with the City to secure special advantage, privilege or exemption for myself or others.

Initial Here

APPLICANT SIGNATURES

Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729. Under penalties of perjury, I/we certify that the information presented above is true and accurate to the best of my/our knowledge and belief. I/We further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this document. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a FELONY if he/she knowingly and willfully makes a false statement to any department of the United States Government. I/we understand that this application may be delayed or found ineligible if a conflict of interest is found to exist and no waiver is granted.

| Applicant Signature | Date | Co-Applicant Signature (if applicable) | Date |

FOR PROGRAM STAFF USE ONLY

Does applicant list a potential conflict of interest?

Yes
(Forward to CGA)

No
(Process the COI normally)

Initials and Date