



HOMEOWNERS & HOMEBUYERS

INFORMATION

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

DISCLOSURE

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 (see below) No

*Includes, 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 grandparents, great grandchildren, in-laws, and anyone who resides in the same household of a covered person.

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.

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 _____