



INFORMATION

Applicant Name Co-Applicant Name (if applicable)
 Program Address (if applicable)

DISCLOSURE

Federal, state, and local laws require that participants in HCDD programs disclose any potential conflicts of interest.

Are you, your immediate family member(s)*, or your business partner(s) 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), grandparent, grandchild, and in-laws.

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

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 and Date

Co-Applicant Signature and Date (if applicable)

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PROGRAM STAFF

Does covered person have a potential conflict of interest? (see Sec. 3.2 of Policy ##01-040)

Yes (Answer next question) No (STOP-process normally) _____
 Initials and Date

Provide justification (Attach additional sheet if necessary)

PROGRAM STAFF

Are Homeless Housing and Services Program (HHSP) funds involved?

Yes (STOP-applicant ineligible) No (Forward to Grants Admin) _____
 Initials and Date

GRANTS ADMINISTRATION

Did Housing and Urban Development grant a waiver?

Yes (Forward to Program Area) No (Forward to Director's Office) _____
 Initials and Date

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DIRECTOR'S OFFICE

Did Legal assent to the use of non-federal funds?

Yes (Attach written confirmation. Send to Director) No (STOP-applicant ineligible) _____
 Initials and Date

DIRECTOR

Use of non-federal funds granted?

Yes (Attach funding source) No (STOP-applicant ineligible) _____
 Initials and Date