



**COMPLETED BY BUSINESS ENTITIES**

**INFORMATION**

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

**DISCLOSURE**

Is any employee, director, officer, or anyone else associated with your organization, or any of their immediate family member(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, and great grandchildren, and in-laws.

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	Telephone Number

Please fill out additional forms as needed.

**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.

By \_\_\_\_\_ Date \_\_\_\_\_

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

Title: \_\_\_\_\_

**FOR PROGRAM STAFF USE ONLY**

Does applicant list a potential conflict of interest?	Yes (Forward to PGM)	No (STOP-process normally)	_____
			Initials and Date
<b>STEP 1:</b> Date of Legal	_____	<b>STEP 2:</b> Will HCD request a waiver?	Yes      No
	Initials and Date		
<b>STEP 3:</b> Date of Legal	_____	<b>STEP 4:</b> Date of Public Disclosure	_____
	Initials and Date		Initials and Date
<b>STEP 5:</b> Was the waiver approved?	Yes      No	<b>STEP 6:</b> Date of Waiver	_____
			Initials and Date

**THIS SECTION SHOULD ONLY BE USED IF THE WAIVER DENIED.**

<b>DIRECTOR'S OFFICE</b> Did Legal assent to the use of non-federal funds?	Yes (Attach written confirmation. Send to Director)	No (STOP-applicant ineligible)	_____
			Initials and Date
<b>DIRECTOR</b> Use of non-federal funds granted?	Yes (Attach funding source)	No (STOP-applicant ineligible)	_____
			Initials and Date