

## Conflict of Interest Disclosure Form

\_\_\_\_\_  
Property Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Federal, state, and local laws prohibit employees, agents, and public officials of the subrecipient (local government) and the Georgia Department of Community Affairs from participating in any transaction in which they have a financial interest. A “conflict of interest” is a situation in which financial or other personal considerations may compromise, or have the appearance of compromising, judgment in following the rules of the program.

This questionnaire must be completed and submitted by each owner named on the deed. The purpose of this questionnaire is to determine whether a conflict of interest may exist. Each potential conflict of interest will be reviewed by DCA CDBG-DR staff. This information will assist in the determination of whether the restrictions, oversight, or other conditions might be necessary prior to your receipt of assistance under the program.

Please mark the appropriate box for each question and complete the attachment if indicated. This form (with Attachment, if required) must be completed and returned to your Case Manager.

A “Covered Employee” is a person who is a current employee, agent, consultant, or officer of one of the following State of Georgia agencies, or who is an employee or an elected or appointed official with oversight over one or more of the following:

**Georgia Department of Community Affairs  
A Non-profit Subrecipient  
Berrien, Camden, Charlton, Chatham, Coffee, Cook, Crisp, Dougherty, Glynn, Liberty, McIntosh,  
Thomas, Turner, Wilcox and Worth Counties**

1. Are you a **Covered Employee**?

- Yes (If YES, please complete the attachment)  
 No

2. Do you, or any person who holds an ownership or financial interest (including tenancy) in the property described above, have an immediate family member (spouse, domestic partner, child, stepchild, parent, stepparent, sibling, etc.) who is a **Covered Employee**?

- Yes (If YES, please complete the attachment)  
 No

3. Do you, or any person who holds an ownership or financial interest (including tenancy) in the property described above, have business dealings or business ties to a **Covered Employee**?

- Yes (If YES, please complete the attachment)  
 No

I have read and understand the Conflict of Interest Disclosure Form. I have disclosed all information required by this disclosure, if any, in the attached statement. I agree to comply with any conditions or restrictions imposed by the Georgia Department of Community Affairs to reduce or eliminate actual and/or potential conflicts of interest. I will update this disclosure form promptly, if relevant circumstances change. I understand that this disclosure is not a confidential document.

If the Georgia Department of Community Affairs or the U.S. Department of Housing and Urban Development (“HUD”) determines that a conflict of interest exists, you may be terminated from the Georgia HRRP and you may be required to return any and all funding received and/or the value of the services you received from the program.

\_\_\_\_\_  
Homeowner Printed Name

\_\_\_\_\_  
Homeowner Signature

\_\_\_\_\_  
Date

Unique Application ID: \_\_\_\_\_

## Conflict of Interest Disclosure Form Attachment

If you answered YES to any question on the previous page, please complete the relevant section(s) below.

If you answered NO to ALL the questions, you may discard this attachment. Provide this completed form to your Case Manager.

Part I- About the Covered Employee (to be completed by the Applicant)	
Applicant's application for Georgia HRRP assistance is subject to conflict of interest laws as a result of his/her relationship with the following Covered Employee who is associated with the State of Georgia or declared Counties:	
Covered Employee's Name:	
Applicant's Relationship with the Covered Employee:	<input type="checkbox"/> Self <input type="checkbox"/> Member of Applicant's Immediate Family (including a spouse, domestic partner, child, parent or sibling) <input type="checkbox"/> Associated with an organization that employs or is about to employ Applicant Contractor <input type="checkbox"/> Has a financial or other interest in or with Applicant <input type="checkbox"/> Other:
Covered Employee's Relation to the Department of Community Affairs, OPB, DNR, and the declared Counties:	<input type="checkbox"/> Employee or officer <input type="checkbox"/> Agent <input type="checkbox"/> Consultant <input type="checkbox"/> Contractor <input type="checkbox"/> Elected or appointed official <input type="checkbox"/> Other:
Describe position and/ or role of Covered Employee:	
<p>Does the Covered Employee exercise, or has the Covered Employee exercised, any functions or responsibilities with respect to the Georgia HRRP, or is the Covered Employee in a position to participate in a decision-making process or gain inside information with regard to activities under the Georgia HRRP?</p> <input type="checkbox"/> No – if No, STOP and submit this form to the Program. At its discretion, the Program may require the Covered Employee to submit the certification of no conflict in Part 2.  <input type="checkbox"/> Yes – if Yes, a prohibited conflict exists. If the City determines that an exemption could be sought for the conflict, the City will complete "Part 3 – Request for Exemption."	

Part II- Certification of NO Conflict of Interest (completed by the Covered Employee)	
<b>Warning: Knowingly and willingly making false or fraudulent statements to DCA may result in denial of assistance, civil penalties, and/ or referral to law enforcement.</b>	
"I hereby certify under penalty of law that I am not a person described in 24 CFR§ 570.611(c) who exercises, or has exercised, any responsibility with respect to the activities assisted with program funds. I am not, and have not been, in a position to participate in a decision-making process with respect to program activities. I have not gained inside information with regard to program activities."	
Signature of Covered Employee:	Date:
<b>FOR USE BY DCA LEGAL STAFF ONLY:</b>	
The Georgia Department of Community Affairs certifies that this information is true and correct and that provisions of program assistance to the Applicant would not constitute a conflict of interest as defined at 24 CFR§ 570.489(h).	
Authorized Signature of DCA Representative:	Date:

Part III- Request for Exception to Conflict of Interest	
<p>All requested exceptions must be accompanied by the assurance of public disclosure and attorney opinion required by 24 CFR §§570.489(h) (4) (i) and (ii). The program will review exception requests on a case-by-case basis in accordance with 24 CFR §§570.489(h)(4) and (5). Assistance <b>WILL NOT BE PROVIDED</b> to Applicant until receiving final written authorization from the program.</p>	
<p>1. Provide a detailed explanation of the nature of the conflict: Describe:</p>	
<p>2. Is the Applicant a member of a group or class of low or moderate income persons intended to be the beneficiaries of the assisted activity? <input type="checkbox"/> No <input type="checkbox"/> Yes- Describe:</p> <p>If Yes, will the exception permit the Applicant to receive the same type of benefits made available to other members of the group or class? <input type="checkbox"/> No <input type="checkbox"/> Yes- Describe:</p>	
<p>3. Has the Covered Employee recused himself/herself and/ or withdrawn from any functions, responsibilities, and/ or decision making obligations with respect to the assisted activity? <input type="checkbox"/> No <input type="checkbox"/> Yes- Describe:</p>	
<p>4. Was program assistance available before the Covered Employee became subject to the potential conflict? <input type="checkbox"/> No <input type="checkbox"/> Yes- Describe:</p>	
<p>5. Will denial of program assistance available result in any undue hardship when weighed against the public interest served by avoiding the conflict? <input type="checkbox"/> No <input type="checkbox"/> Yes- Describe:</p>	
<p>6. Provide other relevant information:</p>	
<p>7. <input type="checkbox"/> Attach evidence of the public disclosure of the conflict, which must include <i>publication of a notice in a local newspaper and, where practical, on the program's website</i>. The publication must adequately reach all residents of DCA's jurisdiction and may require use of multiple publications.</p>	
<p>8. <input type="checkbox"/> Attach a written statement for the Georgia Department of Law confirming that no state or local law would be violated as a result of the issuance of an exception to the conflict of interest requirements.</p>	
<p><b>Warning: Knowingly and willingly making false or fraudulent statements to the Georgia Department of Community Affairs may result in denial of assistance, civil penalties, and/ or referral to law enforcement.</b></p>	
<p>The Georgia Department of Community Affairs hereby certifies that the information provided herein is true and correct and requests an exception to applicable conflict of interest regulations in order to provide assistance under the Georgia HRRP program to the above-referenced Applicant.</p>	
<p>Authorized Signature of DCA Representative:</p>	<p>Date:</p>