



**COMPLETED BY BUSINESS ENTITIES**

**INFORMATION**

Organization Name				
Program		Funding Source		
Address				
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.*

**ADMINISTRATIVE PROCEDURE 2-22 COMPLIANCE**

The Entity hereby certifies that it has not made any contributions to any current candidates running for City positions nor did Entity make any contributions to any City Official campaigns for those who were elected in the prior election cycle. This includes any contributions to an office holder of any City elected position as well as contributions to any specific-purpose committee which may be used by a Candidate for fundraising. 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.

By

Date

Name

Title:

**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