



# INDEPENDENCE HOUSING AUTHORITY

*providing affordable and safe housing*

## Conflict of Interest Disclosure Form

---

### Purpose:

This form is intended to help Independence Housing Authority identify and address any potential conflicts of interest in accordance with our policies and applicable regulations. A conflict of interest occurs when a person's personal or financial interests could interfere with their duty to act in the best interest of the organization.

### Section 1: Personal Information

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

Position/Title: \_\_\_\_\_

Date: \_\_\_\_\_

### Section 2: Disclosure Questions

1. Do you, or any immediate family member, have a financial interest in any entity that does business with or seeks to do business with Independence Housing?

☐ Yes    ☐ No

If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

2. Do you, or any immediate family member, hold any position as an officer, director, partner, trustee, or employee of any organization that does business with or competes with Independence Housing?

☐ Yes    ☐ No

If yes, please explain:

### Section 3: Conflict

---

---

3. Do you receive or expect to receive any gifts, gratuities, or favors from vendors, contractors, clients, or others doing business with Independence Housing?

☐ Yes    ☐ No

If yes, provide details:

---

---

4. Do you currently work outside of Independence Housing Authority or are there any other situations or relationships not covered above that may present a potential conflict of interest?

☐ Yes    ☐ No

If yes, explain:

---

---

### Section 4: Conflict

I certify that the above information is complete and accurate to the best of my knowledge. I agree to promptly disclose any future conflicts of interest as they arise. I understand that failure to disclose a conflict of interest may result in disciplinary action.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Supervisor Acknowledgement

☐ No conflict

☐ Conflict

Signature: \_\_\_\_\_

Date: \_\_\_\_\_