INDEPENDENCE HOUSING AUTHORITY

CERTIFICATION AND CONFLICT OF INTEREST DISCLOSURE FORM

Name: _____

Certification

By signing this form below, I certify that:
1. I understand that the Independence Housing Authority is a municipal corporation created pursuant to the Missouri law; that the Authority's funds are public funds and that the Independence Housing Authority regularly receives and utilizes federal funds;
2. I have received a copy of the Independence Housing Authority's Conflict of Interest Policy, Code of Conduct Policy, Policies on Governance, and Policy on the Responsibilities of the Board of Commissioners;
3. I have read and understand these policies;
4. I agree to comply with these policies; and
5. I will update my certification below in the event an actual apparent or possible conflict arises in the future.

Conflict of Interest Disclosure

Please certify below that you either have no actual, apparent or possible conflict of interests to report, or describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to an actual or possible conflict of interest between the Independence Housing Authority and your personal interest, financial or otherwise:

_____ I have no conflict of interest to report.
_____ I have the following actual or possible conflict(s) of interest to report.

1. Please specify below any actual transactions you are aware of between the Independence Housing Authority and any entity or person with which you have a business, investment, or family relationship.
   (Please attach a supplemental statement if needed.)

_____

_____

2. For the purposes of determining possible future conflicts of interest, please also specify other nonprofit and for-profit boards on which you and/or your spouse sit, any for-profit businesses for which you and an immediate family member are an officer or director, or

a majority shareholder, and the name of your employer and any businesses you or a family member own.

1. _____

2. _____

(Please attach a supplemental statement if needed.)

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signature: _____ Date: _____