

## CARES Act Owner-Occupied Housing Shelter in Place Rehabilitation Program Conflict of Interest Disclosure Questionnaire

HEAD OF HOUSEHOLD: \_\_\_\_\_

NAME of other applicants (if applicable): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

### APPLICABLE INDIVIDUALS (COVERED PERSONS)

1. Are you a Habitat for Humanity Central Arizona or Foundation for Senior Living employee?

Yes       No

If so, what department do you work in? \_\_\_\_\_

2. Are you a City of Phoenix employee?

Yes       No

If so, what department do you work in? \_\_\_\_\_

3. Do you have any immediate family members (parents, children domestic partner, etc.) that work for Habitat for Humanity Central Arizona or Foundation for Senior Living?  Yes       No

a. Name of immediate family member(s)

\_\_\_\_\_

b. What department do they work in?

\_\_\_\_\_

c. What is their position?

\_\_\_\_\_

4. Do you, your employer, or your immediate family members have any duties or responsibilities associated with Community Development Block Grant funds or other federally funded housing programs?  Yes       No

Please explain any potential conflict:

\_\_\_\_\_

5. Are you, your employer or any of your family members involved in making decisions related to any federally funded housing programs?  Yes       No

Please explain any potential conflict:

\_\_\_\_\_

6. Will you, your employer or your family members gain a financial benefit (see special note) in any federally funded housing program?  Yes  No  
Please explain any potential conflict:

---

**Special Note:** Having a **financial benefit** includes, but is not limited to, being paid by a HUD-funded program as a staff person, contractor or consultant.

---

Printed Name

---

Signature

Date