**Housing Authority of the**

## Request for Qualifications for

## 

**Conflict of Interest Disclosure Affidavit**

### The conflict of interest provisions of the procurement rule as stated in 2 CFR 200 govern this Request for Qualifications evaluation process. Each Evaluation Committee member must therefore review and complete the Conflict of Interest Disclosure Affidavit before submitting an evaluation of the respondents to the Master Developer/ Partner RFQ. Please be sure to respond to each question and provide your signature at the end of the document. Feel free to attach additional sheets and explanations as necessary.

### I. Please review the list of firms in Attachment A who have submitted a Statement of Qualifications in response to the PHA’s RFQ for .

**II.**  Yes  No Are you currently employed?

If yes, please provide the Employer Name and Address below.

Employer:

Address:

City, State, Zip:

If employed by more than one (1) entity, attach additional sheets to this document. If not employed, please furnish your home address in the spaces provided below:

Street Address:

City, State, Zip

**III.**  Yes  No Do/did you have any relationship with any of the entities listed on

Attachment A who have responded to this RFQ?

“Relationship” is defined as an involvement where you and/or a relative have, either directly or indirectly, worked for, worked with, had a contract for services or employment with, or participated in any business or personal project with another. “Relative” is defined as anyone you are related to either by blood or marriage, or whose relationship with you is similar to that of persons who are related by blood or marriage.

If you answered yes to the previous question, please indicate below which entities, the nature of relationship, when the relationship began, and if applicable, when it ended. Please attach additional pages if necessary.

1. Yes  No Have you, your relatives (as defined above), or any organization which

employs or is about to employ you or your relatives, now or ever, possessed

any ownership, financial or other interest in any of the entities responding to this RFQ?

If yes, please indicate which ones, the nature of the interest, how you or your relative or potential or actual employer acquired the interest and the level of participation in the entity. Please attach additional pages if necessary.

1. I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature: Date:

Print Name:

For PHA Use Only:

Approved  Not Approved

Reviewer: Date: