

Program Sub-Recipient

Golden State Finance Authority (GSFA)

1215 K Street, Suite 1650

Sacramento, CA 95814

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Email: info@gsfahome.org

Applicant Name: _____

SHADED AREA FOR PROGRAM SUB-RECIPIENT USE ONLY

DR-HBA018-Conflict of Interest Affidavit

**California Department of Housing and Community Development (HCD) & Golden State Finance Authority ReCover CA Homebuyer Assistance Program (Program)
Conflict of Interest Disclosure Form**

Property Address _____

City, State, Zip _____

Federal, state, and local law prohibit employees, agents, and public officials of HCD or Golden State Finance Authority (GSFA) from exercising judgment, holding responsibility, or otherwise participating on HCD or GSFA's behalf in any transaction in which they have a financial interest. A "conflict of interest" is a situation in which financial or other personal considerations may compromise, or appear to compromise, judgment in following the rules of the program, or in which you have a direct relationship with another HCD or GSFA representative that control Program benefit determinations for which you seek to apply. The purpose of this form is to determine whether a conflict of interest may exist.

This information will help to determine whether restrictions, additional oversight, or other conditions might be necessary to enable you to receive assistance through the Program. Please mark the appropriate box for each question and complete the attachment if indicated.

This form must be completed and submitted by each owner named on the deed or individual applying for program benefits.

A "Covered Employee" is a person who currently serves, or has served within the past year, as an employee, agent, consultant, or officer of one of the following agencies, or who currently serves, or has served within the past year, as an elected or appointed official with oversight over one or more of the following:

- The California Department of Housing and Community Development
- Golden State Finance Authority

1. Are you a **Covered Employee** as defined above?

- ☐ Yes (If YES, please complete the attachment on the next page)
☐ No

2. Do you, or any person who holds an ownership or financial interest (including tenancy) in the property described above, have an immediate family member (spouse, domestic partner, child, stepchild, parent, stepparent, sibling, etc.) who is a **Covered Employee** as defined above?

- ☐ Yes (If YES, please complete the attachment on the next page)
☐ No

3. Do you, or any person who holds an ownership or financial interest (including tenancy) in the property described above, have business dealings or business ties to a **Covered Employee** as defined above?

- ☐ Yes (If YES, please complete the attachment on the following page)
☐ No

CERTIFICATION

I have read and understand this Conflict-of-Interest Disclosure and I have truthfully and completely disclosed all information required on this form and in the attachment (if applicable). I understand that the Program is funded with Community Development Block Grant Disaster Recovery (CDBG-DR) funds under an award from the U.S. Department of Housing and Urban Development (HUD). I understand I may be subject to civil and/or criminal penalties if I knowingly make false or fraudulent statements to an agency of the U.S. Government (including HUD) under 18 U.S.C. 287 and 1001 and 31 U.S.C. 3729.

I agree to comply with any conditions or restrictions imposed by HCD to reduce or eliminate actual and/or potential conflicts of interest. I agree to update this disclosure form promptly if relevant circumstances change and I understand that this disclosure is not a confidential document.

If HCD or GSFA, or HUD determines that a conflict of interest exists, I understand that I may be terminated from the Program and that I may be required to return any and all funding received and/or the value of the services I received from the program.

Applicant (print name)

Applicant Signature

Date

**California Department of Housing and Community Development (HCD) & Golden State Finance Authority ReCover CA
Homebuyer Assistance Program (Program)
Conflict of Interest Disclosure Form Attachment**

If you answered YES to any question on the previous page, please complete the relevant section(s) below and provide this completed form to your Application Coordinator. If you answered NO to **ALL** the questions on the previous page, you may disregard this attachment.

PART 1 – ABOUT THE COVERED EMPLOYEE (to be completed by Applicant)	
Applicant's application for [Program]assistance is subject to conflict-of-interest laws as a result of his/her relationship with the following Covered Employee who is associated with HCD or GSFA:	
Covered Employee's Name:	
What is the Applicant's Relationship to the Covered Employee?	☐ Self ☐ Member of Applicant's immediate family (including a spouse, domestic partner, child, parent, or sibling) ☐ Associated with an organization that employs or is about to employ Applicant ☐ Has a financial or other interest in or with Applicant ☐ Other:
What is the Covered Employee's Relationship to the agencies, offices and/or departments listed on the previous page?	☐ Employee or officer ☐ Agent ☐ Consultant ☐ Contractor ☐ Elected or appointed official ☐ Other:
Describe position and/or role of Covered Employee:	
Does the Covered Employee exercise, or has the Covered Employee exercised within the past year, any functions or responsibilities with respect to the Program, or is the Covered Employee in a position to participate in a decision-making process or gain inside information with regard to activities under the Program? ☐ No – if No, STOP and submit this form to the Program. <i>At its discretion, the Program may require the Covered Employee to submit the certification of no conflict in Part 2.</i> ☐ Yes – if Yes, a prohibited conflict exists. <i>If the Program determines that an exemption could be sought for the conflict, the County will complete "Part 3 – Request for Exemption."</i>	
PART 2 – CERTIFICATION OF <u>NO</u> CONFLICT OF INTEREST (to be completed by the Covered Employee)	
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.	
"I hereby certify under penalty of law that I am not a person described in 24 CFR § 570.611(c) or 24 CFR 570.489(h) who exercises, or has exercised within the past year, any responsibility with respect to the activities assisted with [Program]funds. I am not, and have not been within the past year, in a position to participate in a decision-making process with respect to [Program]activities. I have not gained inside information with regard to Program activities."	
Signature of Covered Employee:	Date:
TO BE COMPLETED BY HCD and GSFA LEGAL STAFF: Staff certifies that this information is true and correct and that provision of Program assistance to Applicant would not constitute a conflict of interest as defined at 24 CFR § 570.611 or 24 CFR 570.489(h).	
GSFA Representative name and title (not required if covered employee is HCD):	
Authorized Signature of GSFA Representative (if applicable):	Date:
HCD Representative name and title	

Authorized Signature of HCD Representative (if applicable):	Date:
PART 3 – REQUEST FOR EXCEPTION TO CONFLICT OF INTEREST <i>(to be completed by HCD)</i>	
All requested exceptions must be accompanied by the assurance of public disclosure and attorney opinion required by 24 CFR 570(d). The Program will review exception requests on a case-by-case basis in accordance with 24 CFR 570.611(c) or 24 CFR 570.489(h). Assistance WILL NOT BE PROVIDED to Applicant until the Program has issued final written authorization.	
1. Provide a detailed explanation of the nature of the conflict:	
2. Is the Applicant a member of a group or class of low- or moderate-income persons intended to be the beneficiaries of the assisted activity? ☐ No ☐ Yes – Describe: If Yes, will the exception permit the Applicant to receive the same type of benefits made available to other members of the group or class? ☐ No ☐ Yes – Describe:	
3. Has the Covered Employee recused himself/herself and/or withdrawn from any functions, responsibilities, and/or decision-making obligations with respect to the assisted activity? ☐ No ☐ Yes – Describe:	
4. Was Program assistance available before the Covered Employee became subject to the potential conflict? ☐ No ☐ Yes – Describe:	
5. Will denial of Program assistance result in any undue hardship when weighed against the public interest served by avoiding the conflict? ☐ No ☐ Yes – Describe:	
6. Provide other relevant information:	
7. Attach evidence of the public disclosure of the conflict, which must include <i>publication of a notice in a local newspaper and, where practicable, on the program's website</i>. The public disclosure must adequately reach all residents of the targeted community where the program operates, and the conflict exists and may require use of multiple publications.	
8. Attach a written statement from the HCD and GSFA Counselor confirming that no state or local law would be violated as a result of the issuance of an exception to the conflict-of-interest requirements.	
CERTIFICATION	
HCD and Golden State Finance Authority hereby certifies that the information provided herein is true and correct and requests an exception under 24 CFR 570.611(d) or 24 CFR 570.489(h) in order to provide assistance under the Program to the above-referenced Applicant.	
GSFA Representative name and title (not required if covered employee is HCD):	
Authorized Signature of GSFA Representative (if applicable):	Date:
HCD Representative name and title:	
Authorized Signature of HCD Representative (if applicable):	Date: