

CONFLICTS OF INTEREST ANNUAL REPORTING FORM

From: Employee: _____ Title: _____
Department: _____ Location: _____

To: Supervisor: _____ Date: _____
Department Director: _____
(Initial and Send to Human Resources)

The Public Housing Agency expects its staff to maintain the highest standards of ethical conduct in order to ensure the public's confidence and respect. The avoidance of employee misconduct and conflicts of interest, apparent or real, through the use of informed judgment and timely disclosures, is necessary in order to maintain this confidence and respect.

CONFLICTS OF INTEREST DISCLOSURE

I have read the PHA's Policy on Conflicts of Interest and am aware of my responsibility to report any potential or real conflict of interest.

Neither I nor my immediate family* have any financial interest which may violate the PHA Standards of Conduct, in any business which may contract with the PHA, or in any other matter, other than the following: (If none, write NONE.)

Neither I nor my immediate family have accepted or exercised any form of access or control over a resident's financial affairs or other property, whether by power of attorney, joint ownership of accounts or otherwise, except when the resident is a relative, as disclosed below, other than the following: (If none, write NONE.)

I will promptly notify my supervisor if I or any member of my immediate family acquire a financial interest in a business which may contract with the PHA, or if I become involved in any financial affairs or other property of any resident's, or I or an immediate family member become involved in any other transaction which may appear to be a conflict of interest.

*Immediate family includes at least spouse, child, parent, brother/sister.

Signature

Date Signed

COMPLETED FORMS WILL BE KEPT ON FILE IN THE HUMAN RESOURCES DEPARTMENT FOR AT LEAST 5 YEARS.