

## Conflict of Interest Disclosure Form for Board Members and Employees

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Board members and employees are directed to HACM's Conflict of Interest Policy for a detailed discussion of the types of conflicts of interest that need to be disclosed on this form. By signing below, you are acknowledging that you have been provided with and have reviewed the Conflict of Interest Policy.

Note: The following considered "immediate family members": father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, grandmother, grandfather, grandson, granddaughter, spouse, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, step-grandfather, step-grandmother, step-grandson, step-granddaughter, half-brother, half-sister, half-grandfather, half-grandmother, half-grandson, and half-granddaughter.

Question	Yes	No
<p>1. Has HACM or one of its instrumentalities (Travaux, Crucible, etc.) entered into a contract or other arrangement (e.g., as a contractor or subcontractor) in which you or any your immediate family members have a direct or indirect interest?</p> <p>If yes, please explain with details:</p>		

Question	Yes	No
<p>2. Has HACM or one of its instrumentalities (Travaux, Crucible, etc.) hired an employee that is an immediate family member of yourself?</p> <p>If yes, please explain with details:</p>		
<p>3. Are you or an immediate family member an owner or landlord that receives Housing Assistance Payments from the Housing Choice Voucher (HCV) program that HACM administers?</p> <p><i>Please note that Milwaukee County Housing Division also administers a separate Section 8 voucher program—being a landlord in the program run by Milwaukee County is not a conflict for HACM employees.</i></p> <p>If yes, please explain with details:</p>		

Question	Yes	No
<p>4. Do you have an immediate family member who is a tenant in a household in one of HACM's housing program or a participant in HACM's Housing Choice Voucher program?</p> <p>If yes, please explain with details:</p>		
<p>5. Do you have outside employment (second job or own a business)?</p> <p>If yes, please explain with details:</p>		

Question	Yes	No
<p>6. Do you have a close personal relationship with another employee of the Housing Authority or one of its instrumentalities (e.g., Travaux, Crucible, etc.)?</p> <p>If yes, please explain with details:</p>		
<p>7. Do you have any other potential conflict of interest for your position with the Housing Authority of the City of Milwaukee?</p> <p>If yes, please explain with details:</p>		

**NOTE---By signing below, you are acknowledging that you have been provided with and have reviewed the Conflict of Interest Policy and that the information you have provided on this form is complete and accurate.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

COMPLETED FORMS WILL BE KEPT ON FILE IN HACM'S HUMAN RESOURCES DEPARTMENT FOR NO LESS THAN 7 YEARS.