

# Board of Chosen Freeholders County of Burlington New Jersey



Department of: COMMUNITY DEVELOPMENT

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## BURLINGTON COUNTY HOME INVESTMENT PARTNERSHIPS PROGRAM CONFLICT OF INTEREST QUESTIONNAIRE CONSENT TO DISCLOSE

The HOME Investment Partnerships Program is a funding program funded through the United States Department of Housing and Urban Development ("HUD"). The purpose of this program is to expand the supply of decent, safe, sanitary, and affordable housing for very low-income and low-income individuals and families.

The purpose of this questionnaire and consent to disclose is to comply with the HUD regulations regarding possible conflict of interest (24 Code of Federal Regulations Sec. 85.36).

**A. Are you:**

- |   |     |    |               |
|---|-----|----|---------------|
| 1. An employee of the County:   | Yes | No | Initial _____ |
| 2. An agent of the County:  | Yes | No | Initial _____ |
| 3. Consultant for the County:   | Yes | No | Initial _____ |
| 4. Officer of the County:   | Yes | No | Initial _____ |
| 5. Elected official of the County:  | Yes | No | Initial _____ |
| 6. Appointed official of the County:  | Yes | No | Initial _____ |
| 7. A public agency or nonprofit organization selected by the County to administer the HOME Program on behalf of the County: | Yes | No | Initial _____ |

**B. Do you:**

- |  |     |    |               |
|--|-----|----|---------------|
| 1. Exercise HOME Program functions or responsibilities:                                    | Yes | No | Initial _____ |
| 2. Have you exercised HOME Program functions or responsibilities in the past one (1) year: | Yes | No | Initial _____ |
| 3. Hold or are you in a position to participate in HOME Program decision making:           | Yes | No | Initial _____ |
| 4. Have access to gain inside information regarding HOME Program activity?                 | Yes | No | Initial _____ |

C. Do any of the above categories in A. and B. apply to:

- |  |     |    |               |
|--|-----|----|---------------|
| 1. You:  | Yes | No | Initial _____ |
| 2. A family member, i.e., spouse,<br>parent (including steps), child<br>(including steps), brother or sister<br>(including steps), grandparent,<br>grandchild: | Yes | No | Initial _____ |
| 3. A business associate:   | Yes | No | Initial _____ |

D. Is this application being submitted during your tenure in any position in A above or for one year thereafter:

	Yes	No	Initial _____
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PLEASE NOTE THAT IF YOU ANSWERED YES TO SECTION A. 4., 5. OR 6. ABOVE, I.E., IF YOU ARE AN OFFICER OR AN ELECTED OR APPOINTED OFFICIAL OF BURLINGTON COUNTY, YOU ARE INELIGIBLE FOR ANY FUNDS UNDER THE HOME INVESTMENT PARTNERSHIPS PROGRAM.

I UNDERSTAND THAT A FALSE STATEMENT ON THIS QUESTIONNAIRE MAY BE GROUNDS FOR REJECTION OF MY APPLICATION FOR ASSISTANCE. IN ADDITION, A FALSE STATEMENT MAY RESULT IN A FINE OR IMPRISONMENT PURSUANT TO 18 U.S.C. Sec. 1001.

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

\_\_\_\_\_  
Applicant Print Name

\_\_\_\_\_  
Applicant Signature

**CONSENT TO DISCLOSURE**

I understand that if it is determined that my application for assistance constitutes an actual or potential conflict of interest under applicable federal regulations, my application may be considered for an exception, in which case my application will be publicly disclosed pursuant to procedures adopted by the County and approved by HUD. By my further signature below, I hereby expressly consent to such public disclosure.

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

\_\_\_\_\_  
Applicant Print Name

\_\_\_\_\_  
Applicant Signature