

Healthy Neighborhood Initiative Conflict of Interest Statement

Borrower Name: _____

Co-Borrower Name: _____

Property Address: _____

You have submitted a request for a City of Madison Healthy Neighborhood Initiative down payment assistance loan. The City, based on State requirements, requires that we make you aware of certain facts and collect certain information from you. Consequently, we require that you complete the following information and submit this sworn affidavit to our office prior to approving your loan. You should read this statement carefully; making a false statement under oath may subject you to criminal penalties.

Do you have “Family”¹ or business ties to any of the following “Covered Persons”²?

If **yes**, disclose the nature of the relationship.

NAMES OF COVERED PERSONS	RELATIONSHIP
Mayor Paul R. Soglin	
Steven Cover	
Aaron Olver	
Percy Brown	
Terri Goldbin	
Craig Wilson	
Bill Clingan	
Pam Rood	
Linette Rhodes	
Nancy Dungan	
Audrey Short	
Lisa Subeck	
Bridget Maniaci	
Lauren Cnare	
Michael Verveer	
Shiva Bidar-Sielaff	
Marsha A. Rummel	
Steve King	
Scott Resnick	
Paul Skidmore	
Brian Solomon	
Chris Schmidt	
Satya V. Rhodes-Conway	
Sue Ellingson	
Timothy Bruer	
Larry Palm	
Jill Johnson	
Joe R. Clausius	
Anita G. Weier	
Mark S. Clear	
Matt Phair	
Natalie Erdman	
Gregg Shimanski	
Stuart Levitan	
Kevin O’Driscoll	
Alice J. Fike	

**Healthy Neighborhood Initiative
Conflict of Interest Statement (Continued)**

¹“Family” includes:

- Spouse
- Fiancée / Fiancé
- Children and Children-in-Law
- Brothers and Brothers-in-Law
- Sisters and Sisters-in-Law
- Parents and Parents-in-Law
- Anyone who receives more than 50% of his or her support from the covered person (e.g., adopted child, foster child).
- Domestic partner

²“Covered Persons” includes any persons who are employees, agents, consultants, officers, or elected or appointed officials, of the grantee who exercise, or have exercised, any functions or responsibilities with respect to the City of Madison Healthy Neighborhood Initiative housing activities, or who are in positions to participate in decision-making processes or gain inside information with regard to housing activities, either for themselves or those with whom they have family or business ties, during their tenure in the position for one year thereafter.

MGO 3.35(e) Disclosure Statement

Are any of the Borrowers a City employee, elected City official, City board or committee member or an immediate family member of the aforementioned? “Immediate family” member of a City employee, official or board/committee member means a spouse, a registered domestic partner, or a relative by marriage, adoption or lineal descent who receives more than one-half of his or her support from the City employee, official or board/committee member.

_____ Yes _____ No

If answered ‘Yes’ above, Borrowers will be required to provide written disclosure of the nature and extent of the relationship or interest to the Common Council and the Director of the Department of Planning and Development prior to loan approval.

The undersigned hereby certify that all of the above statements and information are true.

Dated _____, 20_____.

Borrowers Signature

Co-Borrower Signature (if applicable)

Print Name

Print Name

Subscribed and Sworn to before me on this _____ day of _____, 20_____.

Notary Public, State of Wisconsin

My Commission Expires _____