

**CITY OF BULLHEAD CITY
HOUSING DIVISION**

CONFLICT OF INTEREST CERTIFICATION

1. Are you, or any member of your household, related by blood, marriage or operation of law to any employee of the City of Bullhead City, Public Services Department, Housing Division? Yes No
If yes, please indicate his/her name, position and relationship to you:

2. Are you, or any member of your household, related by blood, marriage or operation of law, to any City of Bullhead City employee not listed above? Yes No
If yes, please indicate his/her name, position and relationship to you:

3. Are you, or any member of your household, related by blood, marriage or operation of law, to any member of the Bullhead City Council or any Bullhead City Commission and/or Board member? Yes No
If yes, please indicate his/her name, position and relationship to you:

4. Do you currently own or have an interest in property which is being subsidized and/or rehabilitated by the City of Bullhead City Housing Division? Yes No
If yes, please list the property address and the name of any person(s) with whom you own the property:

FAMILY: Family is defined as persons related by blood, marriage or adoption, i.e. husband, wife, daughter, son, parents, grandparents, cousins, etc. Family also includes significant others defined as person(s) with whom you have a close personal relationship, i.e. live-ins, fiancées, etc.

My/Our signature below certifies that the above information is true and correct to the best of my/our knowledge:

Head of Household

Date

Co-Head of Household or Spouse

Date

Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to matters within its jurisdiction.

Staff/Management Use Only:

Reviewed by: _____

Date: _____

No conflict exists

A conflict appears to exist; proceed with further investigation

See back of form for notes