

Georgia Department of Community Affairs
Community HOME Investment Program
CERTIFICATION AS TO CONFLICT OF INTEREST

Name of Applicant/Co-Applicant: _____

This is to certify that we are not aware of any conflict of interest that exists between the family benefitting from the receipt of CHIP funds and any person who is an employee, agent, consultant, officer, or elected official or appointed official of the state, the

(Name of State Recipient or Sub-recipient)

or of the _____
(Name of administrator, if applicable)

who are in a position to participate in a decision making process or are responsible for the administration or oversight of the Community HOME Investment Program.

Signature of Applicant

Date

Signature of Co-Applicant (if applicable)

Date

Signature of Certifying Officer of State Recipient/Sub-recipient

Date

Signature of Administrator (if applicable)

Date