



Coquille Indian Housing Authority

2678 Mexeye Loop • Coos Bay, OR 97420

CONFLICT OF INTEREST Provision of Housing Assistance to Related Party

Applicant Name: _____ **Date:** _____

Program: _____

Relationships Requiring Disclosure: Are you or a member of your household related to any of the persons listed below in any of the following capacities: self, father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, partner, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, and half-sister; business associate; or other close affiliation? If so, please check all that apply and provide the name of the related party and nature of the relationship.

- ___ Member of the CIHA Board of Commissioners: _____
- ___ Immediate family member of a CIHA Board member: _____
- ___ Business associate of a CIHA Board member: _____
- ___ Member of the Coquille Tribal Council: _____
- ___ Immediate family member of a Tribal Council member: _____
- ___ Business associate of a Tribal Council member: _____
- ___ Member of CIHA staff: _____
- ___ Immediate family member of a CIHA staff member: _____
- ___ Business associate of a CIHA staff member: _____
- ___ Other: _____

Applicant Signature

For CIHA Staff Use Only:

Posted: _____ Date/Initials Removed: _____ Date/Initials Calendar Days: _____

Notice to HUD: _____ Date/Initials Began Participation: _____ Date/Initials



Coquille Indian Housing Authority

2678 Mexeye Loop • Coos Bay, OR 97420

PUBLIC NOTICE Disclosure of Potential or Apparent Conflict of Interest

Date: _____

The following public disclosure is made in accordance with 24 CFR 1000.30.

A/an

(circle all that apply)

Immediate Family Member | **Business Associate** | **Other Related Party**

of a

(circle all that apply)

CIHA Commissioner | **Tribal Council Member** | **CIHA Employee**

has applied and been determined eligible for CIHA services in accordance with CIHA policy. The nature of the assistance to be provided is:

(circle all that apply)

Rental Unit | **Rental Assistance** | **Other**

For additional information, please contact CIHA Housing Programs Coordinator Tracey Mueller at traceymueller@coquilleiha.org or (541) 888-6501.

This notice shall be posted in a conspicuous place at the Coquille Indian Housing Authority office for a period of not less than 14 calendar days.



MEMORANDUM

DATE: _____

TO: HUD Northwest Office of Native American Programs

FROM: Coquille Indian Housing Authority

SUBJECT: Disclosure of Potential or Apparent Conflict of Interest

Per 24 CFR 1000.30, this notice is to inform your office that the applicant named below has been determined eligible for assistance through the Coquille Indian Housing Authority.

Applicant Name: _____

This applicant's participation in a low income housing program operated by the Coquille Indian Housing Authority creates a potential or apparent conflict of interest for the following person(s):

- _____ Member of the Board of Commissioners for the Housing Authority
- _____ Immediate family member of a Board member of the Housing Authority
- _____ Business associate of a Board member of the Housing Authority
- _____ Member of the Coquille Tribal Council
- _____ Immediate family member of a Tribal Council Member
- _____ Business associate of a Tribal Council Member
- _____ Employee of the Coquille Indian Housing Authority
- _____ Immediate family member of a Housing Authority employee
- _____ Business associate of a Housing Authority employee
- _____ Other (specify) _____

Public notice disclosing the circumstances of the potential or apparent conflict of interest was posted at the Coquille Indian Housing Authority office for 14 calendar days.