

**- DECLARATION -**

**MEMBER OF THE BOARD OF DIRECTORS, OFFICERS OR HOUSING PROVIDER  
 EMPLOYEE**

I have read and understand the Ministry of Municipal Affairs and Housing Conflict of Interest Directive and acknowledge that CityHousing Hamilton Corporation (housing provider) is required to comply with it.

I further acknowledge my responsibility to CityHousing Hamilton Corporation (housing provider) all actual or perceived conflicts of interest, which may exist while acting as Director. I further acknowledge my responsibility to disclose to the housing provider in writing, on an ongoing basis, any actual or perceived conflicts of interest, which arise during my relationship with the housing provider. These actual or perceived conflicts of interest must immediately be disclosed in writing using this form.

I declare that:

- I do not have a conflict of interest.
  
- I have a conflict of interest.
  
- I have a perceived conflict of interest,

Attached is a comprehensive written submission of the complete nature of this actual or perceived conflict of interest. I am aware that this form and the information attached to it may be submitted to the Ministry of Municipal Affairs and Housing or the City of Hamilton in its capacity as Service Manager in accordance with the Social Housing Reform Act by the housing provider. I authorize its submission and use by the housing provider and/or the Ministry and/or the City of Hamilton in its capacity of Service Manager.

Please Print

Board Member/Officer/Employee	
Address of Housing Provider <p align="center"><b>City Housing Hamilton Corporation                  55 Hess St. S., 23<sup>rd</sup> Floor                  Hamilton, Ontario                  L8N 4E5</b></p>	
Date	Signature – Board Member/Officer/Employee
Date Received	Signature – President, Board of Directors
Date Received	Signature – Vice President, Board of Directors