



National Center for Healthy Housing

Ethics Disclosure Certification Staff and Officers

INSTRUCTIONS

- Please read the “Business Ethics Policy” in Section 4 of the NCHH Employee Handbook – January 2007 edition.
- Please carefully read and complete the “Disclosure Certification” below, sign, make a copy and return the original to the Executive Director, for a confidential filing. Explain any concerns or potential violations in the “Description” area of the respective section. If there are no exceptions, place a “√” next to “None”.
- “Immediate family” includes a spouse, child, parent, stepparent, grandparent, brother, sister, cousin, uncle, aunt, niece, nephew, grandchild or in-law.
- “NCHH includes The National Center for Healthy Housing, its subsidiaries and affiliates and organizations.”

DISCLOSURE CERTIFICATION

- **Outside Interests:** Neither I, nor members of my immediate family, have or hold interests outside of NCHH which would result in or constitute a conflict in interest, except:
Description: _____

None ()
- **Investments:** Neither I, nor members of my immediate family, have investments which might or could result in a material financial interest in a supplier, provider, competitor or customer of NCHH, except:
Description: _____

None ()
- **Outside Activities:** Neither I, nor members of my immediate family, participate in outside activities such as the rendering of directive, managerial or consultative services to any concern that does business with, or competes with the services of NCHH; nor do I or any member of my immediate family contract with outside business for personal gain, benefiting directly or indirectly from my position with NCHH or NCHH’s business dealings with another organization; nor do I or members of my immediate family render other services in competition with NCHH, except:
Description: _____

None ()
- **Inside Information:** Neither I, nor members of my immediate family, have disclosed or used information relating to NCHH’s business for personal profit or advantage, except:
Description: _____

None ()

- **Gifts, Favors, Services, Entertainment:** Neither I, nor members of my immediate family, have accepted gifts, favors, services or entertainment which might influence my judgment or actions concerning the business of NCHH, except:

Description: _____

None ()

- **Software Development:** Neither I, nor members of my immediate family, have sold or distributed system software developed while working for NCHH to any other company or person; inserted code into or modified any software used by NCHH for personal advantage and/or to the detriment of NCHH; used position or knowledge gained at NCHH to develop software for sale to compete against NCHH in the marketplace, except:

Description: _____

None ()

- **Family Employment:** No member of my immediate family is employed by or has a contract with NCHH, except:

Description: _____

None ()

- **Contributions/Payments:** I have not made or authorized any political contribution or illegal payments or the like with funds of NCHH, nor have I done or authorized any act which to my knowledge is prohibited or illegal, or which constitutes irregularity, except:

Description: _____

None ()

- **Knowledge of Others' Acts:** I do not have direct knowledge of any NCHH Director, officer or employee who has or might have authorized or committed any illegal act, except:

Description: _____

None ()

CERTIFICATION

I have read NCHH's "Business Ethics Policy" and understand its provisions. I agree to abide by the policy, and shall retain it and a copy of this disclosure certificate for future reference and guidance. I have made the appropriate disclosures above consistent with the policy. I do not have direct knowledge of violations by others under my supervision. I fully intend to follow the standards set forth in all my employment and/or governance activities. If any situation should arise in the future which I think may involve me in a conflict of interest, I will promptly and fully disclose the circumstances to the Executive Director and Deputy Director.

Print Name: _____ Signature: _____

Date: _____