

**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

\_\_\_\_\_  
Glynn County  
(Name of State Recipient or Sub-recipient)

\_\_\_\_\_  
or of the (Name of administrator, if applicable)

whom 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