



Building Relationships. Creating Healthy Communities.

2024 Shared Equity Investment Program Purchase Assistance Grant Homebuyer Affidavit Disclosure Statement (HADS)

The city of Chicago Department of Housing has requested this form be completed, signed, and returned as part of the 2024 application to the Shared Equity Investment Program (SEIP) Purchase Assistance Grant funded by the City of Chicago Department of Housing. This document will be evaluated to identify any potential conflicts of interest as it pertains to the 2024 SEIP Purchase Assistance Grant and the property located at: _____.

Note: For employees of the City of Chicago, the City's Ethics Ordinance (Municipal Code of Chicago § 2-156 et seq., as amended from time to time and related regulations, rules and executive orders) will govern whether City employees are eligible for participation in SEIP.

Applicant Name: _____

Phone number: _____

Email Address: _____

If applicable, Co-Applicant Name: _____

Phone number: _____

Email Address: _____

INCOME OR COMPENSATION TO, OR OWNERSHIP BY, CITY ELECTED OFFICIALS AND EMPLOYEES

Does any City employee or City elected official or, to the best of the Applicant's knowledge after reasonable inquiry, any City elected official's spouse or domestic partner, have a financial interest in the sale or purchase of this property?

Yes No

If "yes" please identify below the name(s) of such City elected official(s) and/or spouse(s)/domestic partner(s) and describe the financial interest(s).

**1818 S. Paulina Street
Chicago, IL 60608**

www.resurrectionproject.org

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DISCLOSURE OF INTERESTED/RETAINED PARTIES

The Applicant must disclose the name and business address of each realtor, broker, agent, attorney, appraiser, consultant and any other person or entity whom the Applicant has retained or expects to retain in connection with the purchase of the aforementioned property as well as the nature of the relationship, and the total amount of the fees paid or estimated to be paid. The Applicant is not required to disclose employees who are paid solely through the Applicant's regular payroll.

Buyer's Realtor/Broker Company: _____

Your representative's name and title: _____

Business Address: _____

Fees: (indicate whether paid or estimated.) Note: Hourly rate or TBD is not an acceptable response. _____

Buyer's Attorney Company: _____

Your representative's name and title: _____

Business Address: _____

Fees: (indicate whether paid or estimated.) Note: Hourly rate or TBD is not an acceptable response. _____

Seller's Realtor/Broker Company: _____

Your representative's name and title: _____

Business Address: _____

Fees: (indicate whether paid or estimated.) Note: Hourly rate or TBD is not an acceptable response. _____

Seller's Attorney Company: _____

Your representative's name and title: _____

Business Address: _____

Fees: (indicate whether paid or estimated.) Note: Hourly rate or TBD is not an acceptable response. _____

Appraisal Company: _____

Your representative's name and title: _____

Business Address: _____

Fees: (indicate whether paid or estimated.) Note: Hourly rate or TBD is not an acceptable response. _____

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Home Inspection Company: _____
Your representative's name and title: _____
Business Address: _____
Fees: (indicate whether paid or estimated.) Note: Hourly rate or TBD is not an acceptable response. _____

Title Company: _____
Your representative's name and title: _____
Business Address: _____
Fees: (indicate whether paid or estimated.) Note: Hourly rate or TBD is not an acceptable response. _____

Mortgage Lender Company: _____
Your representative's name and title: _____
Business Address: _____
Fees: (indicate whether paid or estimated.) Note: Hourly rate or TBD is not an acceptable response. _____

Other – if applicable
Name: _____
Business Address: _____
Relationship to Applicant: _____
Fees: (indicate whether paid _____ or estimated.) Note: Hourly rate or TBD is not an acceptable response.

Other – if applicable
Name: _____
Business Address: _____
Relationship to Applicant: _____
Fees: (indicate whether paid or estimated.) Note: Hourly rate or TBD is not an acceptable response. _____

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Does the applicant(s) or applicant's Spouse or Domestic Partner currently work for or have a familial relationship with a staff member of SEIP program administrator (The Resurrection Project)?

Yes No

If yes, please identify the staff member of SEIP program administrator:

Name and the title: _____

Employer: _____

The precise nature of such familial relationship: _____

DISCLOSURE OF GIFTS

To the best of the Applicant's knowledge after reasonable inquiry, the following is a complete list of all gifts that the Applicant has given or caused to be given, at any time during the 12-month period preceding the execution date of this HADS, to an employee, or elected or appointed official, of the City of Chicago. For purposes of this statement, a "gift" does not include: (i) anything made generally available to City employees or to the general public, or (ii) food or drink provided in the course of official City business and having a retail value of less than \$25 per recipient, or (iii) a political contribution otherwise duly reported as required by law (if none, indicate with "N/A" or "none"). As to any gift listed below, please also list the name of the City recipient.

CERTIFICATION

Under penalty of perjury, the person signing below: (1) warrants that he/she is authorized to execute this HADS on behalf of the Applicant, and (2) warrants that all certifications and statements contained in this HADS, are true, accurate and complete as of the date furnished to the City.

If applicable:

Applicant/ Applicant Signature

Co-Applicant/ Applicant Signature

Date

Date

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