

The SRDP Applicant, _____, certifies that an identity of interest relationship exists and hereby discloses those entities with which an identity of interest relationship exists.

An Identity of Interest is considered to exist when the participant organization is a related entity of an entity performing contractual services on the project. Entities are related if they meet any of the following descriptions listed below. Check the box below that describes how the entities are related.

- One organization is the parent of the other, having control to (1.) remove/replace (appoint or elect) a majority of the organization's directors or trustees; or (2.) management or board overlap where a majority of the subsidiary organization's directors or trustees are trustees, directors, officers, employees, or agents of the parent organization.
- The organization is the subsidiary of a filing organization which controls the subsidiary organization.
- The organizations are brother/sister entities, being controlled by the same parent organization.

If an identity of interest exists, provide details explaining which of the above scenarios applies.

The above applicant certifies that fees and charges collected by one of the parties from related parties will not exceed the norm for such services for the area the project is located in and that all such fees and charges are subject to the approval of SC Housing. The participant understands that approval must be received from SC Housing before entering into any contracts with a related entity. Outside of approval granted by this form, all procurements must be in accordance with the conflict of interest requirements and any other requirements contained in the Implementation Manual.

The undersigned hereby certifies that the information submitted is true and accurate and further certifies that it understands that failure to disclose any identity of interest to SC Housing could result in suspension and debarment from participating in any SC Housing administered programs.

Name of person completing form: _____

Title: _____

Signature: _____

Date: _____

Federal Program Manager's Approval: _____

Date: _____