FORMS MANUAL INSERT

FORM RD1944-30

Form RD 1944-30 (Rev. 05-02)

Position 3

FORM APPROVED OMB NO. 0575-0047

UNITED STATES DEPARTMENT OF AGRICULTURE RURAL DEVELOPMENT RURAL HOUSING SERVICE

IDENTITY OF INTEREST (IOI) DISCLOSURE CERTIFICATE

Applicant/Borrower Name:	Project Name:		
	Location: (Town, County, State)		
CHECK SECTION II O	R III, AS APPLICABLE		
SECTION II. TO BE COMPLETED ONLY WHEN NO IDENTITY OF INTEREST EXISTS	SECTION III. TO BE COMPLETED WHEN AN IDENTITY OF INTEREST DOES EXIST		
Certification of No Identity of Interest (please print) nereby certify that I have read Section IV of this Disclosure Certificate and understand what the USDA, Rural Development, Rural Housing Service (herein referred to as Agency) has determined constitutes an Identity of Interest and that NO identity of interest relationships exist between me and ANY individual or organization doing business with the project.	Certification of Identity of Interest I,		
(Complete Section VI)	(See Section V)		
SECTION IV. IDENTITY OF	FINTEREST STATEMENT		
(2) When one or more of the officers, directors, stockholders or is also an officer, director, stockholder, or partner of the sup (3) When any officer, director, stockholder, or partner of the ap interest whatsoever in the supplying entity.	pplying entity. pplicant/borrower and/or management entity has any financial		
(4) When the supplying entity advances any funds to the application.	cant/borrower and/or management entity.		
 When the supplying entity provides and pays on behalf of t any materials and/or services in connection with obligation 	the applicant/.borrower and or management entity the cost of is under the management plan/management agreement.		
6) When the supplying entity takes stock or any interest in the consideration to be paid them.	e applicant/borrower and/or management entity as part of the		
(7) When there exist or come into being any side deals, agreen amending, or cancelling any of the management plan/management	nents, contracts or understandings entered into thereby altering, at agreement documents, except as approved by the Agency.		

To be used for Multi-Family Housing Loans to evidence the existence of Identities of Interest.

Form RD 1944-31 will be attached to record qualifications of Identity of Interest entities.

(1) Entity requesting RHS funding.

(see reverse)

PROCEDURE FOR PREPARATION : RD Instruction 1930-C and 1944-E.

PREPAREDBY : Applicants/Borrowers.

NUMBER OF COPIES : Original and two copies.

SIGNATURES REQUIRED : Applicants/Borrowers.

DISTRIBUTION COPIES : Original field in Borrower's case file, copy to Borrower, copy to

State Director

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	Type of Entity: Contractor Subcontractor Architect Attorney
	Property Management
	Supplier of: Material
	Labor For example: Applicant owns the construction Company - or
	Both
	Services
	Entity Name:(2)
	Address:(2)
	Phone Number:(2)
	Trade/Business:(2)
	Describe relationship to IOI entity:
	(3)
,	Type of Entity: Contractor Subcontractor Architect Attorney
	Property Management
	Supplier of: Material The management company.
	Labor
	Both
	Services
	Entity Name:(2)
	Address:(2)
	Phone Number: _(2)
	Trade/Business: _(2)
	Describe relationship to IOI entity:
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- (2) Company or individual sharing an identity of interest with (1).
- (3) Actual position held by individual in (1) and (2).

Additional copies of form must be reproduced for additional identities of interest.

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		of my business practices change durin	
	nterest relationships referred to above, losure Certificate at any time requeste	, I will file an amended disclosure Cert ed by the Agency.	ificate. I also agree to provide a new
This	Certification shall be in effect for a p	period of three years, beginning on the	day
of_		·	
is true and acc doing business to disclose an	curate and that no other identity of into s with the project named in Section I Identity of Interest to the Agency will	owledge that this information may be verest relationships exist between me a of this Certificate, except as described I also subject me to any and all adminid debarment from participating in any	nd any individual or organization, above. I further understand that failur istrative remedies available to the
		_	
Signature			Date
Signature		_	Date
		States Code provides. "whoever, in ar	
		by any trials cohomo or davice a meter	rial faats
executive, legi	falsifies, conceals, or covers up b	by any trick, scheme, or device a mater tious, or fraudulent statement or repres	
executive, legi	falsifies, conceals, or covers up by makes any materially false, fictit makes or uses any false writing of	tious, or fraudulent statement or repres or document knowing the same to cont	sentation; or
(1) (2) (3)	falsifies, conceals, or covers up to makes any materially false, fictit	tious, or fraudulent statement or repres or document knowing the same to cont at or entry;	sentation; or
(1) (2) (3)	falsifies, conceals, or covers up b makes any materially false, fictit makes or uses any false writing of fictitious, or fraudulent statemen	tious, or fraudulent statement or repres or document knowing the same to cont at or entry;	sentation; or
(1) (2) (3)	falsifies, conceals, or covers up b makes any materially false, fictit makes or uses any false writing of fictitious, or fraudulent statemen	tious, or fraudulent statement or repres or document knowing the same to cont at or entry;	sentation; or
(1) (2) (3)	falsifies, conceals, or covers up b makes any materially false, fictit makes or uses any false writing of fictitious, or fraudulent statemen	tious, or fraudulent statement or repres or document knowing the same to cont at or entry;	sentation; or

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	INFORMATION FOR ALL APPLICANTS/BORROWERS	
Instructions for com		
Prepared by: Applica		
NOTE: If t partnership	he applicant/borrower has an identity of interest relationship both as a principal in the go and as an individual, a Disclosure Certificate for each will be executed.	eneral
Number of Copies:	Original and Two	
Signatures Required	: Applicant/Borrower	
Distribution of Copi	es: Original to Borrower file, Copy to Borrower	
NOTE: ATTACH I Each page and any a	DENTITY OF INTEREST QUALIFICATION FORMS. ttachments to this Certificate will be numbered and initialed by the borrower.	
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