



**CERTIFICATION FOR NON-ENTITY-SPECIFIC PROJECTS  
Academic Research Council**

**Project Name:** (to be filled in by CFPB)

**Brief Project Description:** (to be filled in by CFPB)

**Certification**

I certify that I do not have any financial interests that could influence my work or advice on this project. If this changes, I will notify the CFPB before continuing to work on the project.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print)

I am unable to certify to the above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print)

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 3170-00XX. It expires on XX/XX/XXXX. The time required to complete this information collection is estimated to average approximately ten minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.