

Form RD 3560-31  
(02-05)

FORM APPROVED  
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**UNITED STATES DEPARTMENT OF AGRICULTURE  
RURAL DEVELOPMENT  
RURAL HOUSING SERVICE  
IDENTITY OF INTEREST DISCLOSURE/QUALIFICATION CERTIFICATE**

<b>SECTION 1: TO BE COMPLETED BY ALL APPLICANTS/BORROWERS</b>	
Applicant/Borrower Name:	Project Name:
	Location: (Town, Country, State)

**IDENTITY OF INTEREST STATEMENT**

An Identity of Interest occurs:

- (1) When there is any financial interest between the applicant/borrower and/or management entity and the supplying entity.
- (2) When one or more of the officers, directors, stockholders or partners of the applicant/borrower or management entity is also an officer, director, stockholder, or partner of the supplying entity.
- (3) When any officer, director, stockholder, or partner of the applicant (borrower and/or management entity) has 10 percent or more financial interest in the supplying entity.
- (4) When the supplying entity advances any funds to the applicant/borrower and/or management entity.
- (5) When the supplying entity provides or pays on behalf of the applicant/borrower and/or management entity the cost of any materials and/or services in connection with obligations under the management plan/management agreement.
- (6) When the supplying entity takes stock or any interest in the applicant/borrower and/or management entity as part of the consideration to be paid them.
- (7) When there exists or comes into being any side deals, agreements, contracts or understandings entered into thereby altering, amending, or canceling any of the management plan/management agreement documents, organization documents or other legal documents pertaining to the property, except as approved by the Agency.

I, \_\_\_\_\_ (please print name), hereby certify that I have read the identity of interest statement above and understand what the USDA, Rural Development, Rural Housing Service (herein referred to as the Agency), has determined constitutes an identity of interest. I further certify that an identity of interest relationship exists and hereby disclose on the following page(s) of this qualification form those entities with which I HAVE an identity of interest relationship.

I hereby certify, under penalty of law\*, and with knowledge that this information may be verified, that the information submitted is true and accurate. I further understand that failure to disclose any identity of interest to the Agency will also subject me to any administrative remedies available to the Agency. Such remedies may include suspension and debarment from participating in any Agency or Federal program.

I further understand and agree that I will update this Disclosure/Qualification Certificate if my circumstances change, and I agree to provide a new Disclosure/Qualification Certificate at any time requested by the Agency.

This Certification shall be in effect for a period of three years beginning on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Applicant/Borrower Signature

**\*Warning:** Section 1001 of Title 18, United States Code provides, "Whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact, makes any materially false, fictitious, or fraudulent statement or representation, or makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry shall be fined under this title or imprisoned not more than 5 years, or both."

*A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 0575-0189. Public reporting for this collection of information is estimated to be approximately 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, completing, and reviewing the collection of information. All responses to this collection of information are voluntary. However, in order to obtain or retain a benefit, the information in this form is required under Section 515 Rural Rental Housing, which includes Congregate Housing, Group Homes, and Rural Cooperative Housing. Rural Development has no plans to publish information collected under the provisions of this program. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Rural Development Innovation Center, Regulations Management Division at [ICRMTRRequests@usda.gov](mailto:ICRMTRRequests@usda.gov)*

## IDENTITY OF INTEREST QUALIFICATION

SECTION II: TO BE COMPLETED BY THE PRINCIPAL FOR EACH BUSINESS OR TRADE WITH AN IDENTITY OF INTEREST (IOI) RELATIONSHIP WITH A CONTRACTING ENTITY. Use additional sheets for each IOI entity, if necessary.

101 Entity Name: \_\_\_\_\_  
 Type of Entity: Contractor  Subcontractor  Architect  Attorney  Property Management   
 Trade or Business: \_\_\_\_\_  
 Supplier of: Material  Labor  Both  Service   
 Describe IOI Entity's Relationship to Applicant/Borrower: \_\_\_\_\_  
 Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
 Taxpayer Identification Number: \_\_\_\_\_  
 Number of Full-time Employees: \_\_\_\_\_ Part-time: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Personnel (those responsible for completion of the contracted work): \_\_\_\_\_

Principal of IOI Entity: \_\_\_\_\_ Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Years in Business: \_\_\_\_\_

Training: \_\_\_\_\_

License(s) Held (include license numbers): \_\_\_\_\_

Name, Address and Telephone Number of Licensing Agencies: \_\_\_\_\_

Percent of Total Annual Compensation from Company: \_\_\_\_\_%

Disclose any criminal convictions or debarment from Local, State, or Federal Government Programs: \_\_\_\_\_

Disclose Any Current or Pending Legal Actions Against the Company or any of its Principals: \_\_\_\_\_

Do any of the IOI companies function as "pass-throughs," i.e., does the IOI company purchase goods or services from another party and pass those goods or services through to the project? For each pass-through arrangement, respond to the statements below. (Use additional sheets as necessary.)

Name the IOI company involved.

Explain how the IOI compensation is determined.

Explain why it is more advantageous for the project to use the pass-through arrangement than to purchase directly from the ultimate supplier.

Attach fee schedules for all IOI companies disclosed.

I certify, under penalty of law\*, that the business in which I am employed is an ongoing trade or business qualified and properly licensed to undertake the work for which I intend to contract. I further certify, under penalty of law\*, and with knowledge that this information may be verified, that the information submitted is true and accurate.

(Signature)

IOI Entity Principal

Date

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