

## EXHIBIT V – LIHTC IDENTITY OF INTEREST (IOI) STATEMENT

Property Name: \_\_\_\_\_ Property Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

### Identity of Interest Statement regarding Utility Vendors:

An Identity of interest occurs:

- 1) When there is any financial interest between the applicant/ program participant and/or management entity and the supplying entity.
- 2) When one or more of the officer, directors, stockholders or partners of the applicant / program participant or management entity is also an officer, director, stockholder, or partner of the supplying entity.
- 3) When the officer, director, stockholder, or partner of the applicant (program participant and/or management entity has 10 percent of more financial interest in the supplying entity.
- 4) When the supplying entity advances any funds to the applicant / program participant and/or management entity.
- 5) When the supplying entity provides or pays on behalf of the applicant/ program participant and/or management entity as part of the consideration to be paid them.
- 6) When the supplying entity takes stock or any interest in the applicant / program participant and/or management entity as part of the consideration to be paid them.
- 7) When there exist or comes into being any side deals, agreements, contracts or understanding 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

**Have:**

I, \_\_\_\_\_ (please print name), hereby certify that I have read the identity of interest statement above and understand what the Missouri Housing Development Commission has determined constitutes and identity of interest. I further certify that an identity of interest relationship exists and hereby disclose on the following page(s) of the 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 any 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 one (1) year beginning on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Applicant/ Program Participant Signature

**Have not:**

I, \_\_\_\_\_ (please print name), hereby certify that I have read the identity of interest statement above and understand what the Missouri Housing Development Commission has determined constitutes and identity of interest. I further certify that **NO** identity of interest relationship exists.

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 complete an Identity of Interest Disclosure/Qualification if at any time my circumstances change, and an identity of interest relationship is formed.

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

\_\_\_\_\_  
Applicant/ Program Participant Signature

*\*Warning: Section 1001 of the 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."*

# EXHIBIT V – LIHTC IDENTITY OF INTEREST (IOI) 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.

IOI Entity Name: \_\_\_\_\_

Type of Entity : Utility Contractor  Utility Subcontractor  OTHER  \_\_\_\_\_

Trade of Business: \_\_\_\_\_

Supplier of : Service  OTHER  \_\_\_\_\_

Describe IOI Entity's Relationship to Applicant / Program Participant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

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 Phone Number: \_\_\_\_\_ Other Phone Number: \_\_\_\_\_

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

Years In Business: \_\_\_\_\_

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

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

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 good or services from another party and pass those goods through to the project? For each pass through arrangement, respond to the statements below. (Use additional sheets as necessary.)

Name the IOI 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 is true and accurate.

IOI Entity Principal (Signature)

Date

*\*Warning: Section 1001 of the 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."*

Electronic Submission Agreement and Disclosure: Once signed, a scanned version of this document may be submitted electronically to MHDC via email. If submitted as such, the undersigned agrees that the signature is to be treated as an original signature and the document (in the form of a photocopy, PDF, or other electronic form) is to be treated as an original document with the same legal effect and enforceability as the original signed document. Regardless, MHDC in its sole and absolute discretion reserves the right to request an original signed hard copy as deemed necessary. The undersigned is responsible for retaining the original signed hard copy in his or her files.

