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EXHIBIT B:

Certifications and Legal Disclosure Form

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Certification and Legal Disclosure Form

Instructions

The Los Angeles County Affordable Housing Solutions Agency (“LACAHSa”) requires all Applicants to complete a Certification and Legal Disclosure Form (“Disclosure Form”). LACAHSa uses the Disclosure Form to confirm the accuracy and completeness of the information that the Applicant provides in the application and to identify any legal issues that may affect the Applicant’s ability to administer the proposed program, any Project identified in the application, and the proposed use of LACAHSa funds.

The Disclosure Form includes a certification section and a questionnaire. In the certification section of the Disclosure Form, Applicants must attest to: (1) the accuracy of the information Applicant provided in the application, (2) legal authority to submit the application on behalf of the Applicant, (3) the Applicant’s legal status, good standing, authority, debarment status, and eligibility to participate in housing programs, (4) the disclosure of any persons or entities that will perform a material function to the proposed program or any Project identified in the application, (5) material legal matters affecting the Applicant, proposed program, or any identified Project, and (6) the public nature of the information in the application and acknowledgment that application records may be subject to disclosure under the California Public Records Act. The questionnaire covers the Applicant and certain related parties’ civil and criminal legal history, including any bankruptcies, receiverships, defaults on loans, foreclosures, civil litigation, administrative or civil settlements, decisions, or judgments, and criminal charges or convictions. Applicants must provide an explanation for any positive responses to any questions regarding the Applicant’s legal history. Some parties, including certain members of the boards of directors of nonprofit corporations are not required to complete the questionnaire. LACAHSa reserves the right to revise or supplement the forms in this Exhibit and to require Applicants or selected partners to provide additional or updated information, certifications, or disclosures as reasonably necessary to evaluate applications, make or administer funding decisions, or comply with applicable law or LACAHSa policies, as they may change over time.

Applicant Entity Information	
Name	
Entity Type	Choose an item.
Address	

Certification

On behalf of the entity identified above, I certify that:

1. The information, statements and attachments included in this application are, to the best of my knowledge and belief, true and correct.
2. I possess the legal authority to submit this application on behalf of the entity identified in this application and the attached signature block.
3. Applicant is duly organized, validly existing, and, if applicable, in good standing under the laws of its jurisdiction; possesses, or will possess before performing, the licenses, registrations, approvals, and authority required to perform the functions described in its application; and neither Applicant nor any principal or partner responsible for the proposed program or an identified project is currently debarred, suspended, or otherwise ineligible to participate in a federal, state, or local housing program, or included on a debarment list identified in Question 2 below, except as disclosed below.
4. To the extent known, as of the date of the application, the following is a complete disclosure of all partners, subcontractors, affiliates, proposed guarantors, and other persons or entities that will perform a material function in the proposed program or any Project identified in the application, together with the function each will perform.

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5. Applicant has disclosed and described below any pending or threatened claim, action, proceeding, or investigation involving the Applicant or any Project or property identified in the application that could materially impair the Applicant's ability to perform the proposed program or materially affect the feasibility of an identified Project.
6. Applicant will promptly update these disclosures with each quarterly Project application and following any material change. Applicant also acknowledges that the application is a public record and may be disclosed by LACAHSa pursuant to the California Public Records Act, subject

to applicable law and Section 7.C of this NOFA.

Printed Name	Title of Signatory	Signature	Date

Legal Disclosure

Applicant Entity Information	
Name	
Entity Type	Choose an item.
Address	

For purposes of the following questions, and with the exceptions noted below, the term “applicant” shall include the applicant, joint applicant, sponsor(s), and any subsidiary of the applicant, joint applicant, or sponsor(s) if the subsidiary is involved in (for example, as a guarantor) or will be benefited by the application or the project.

In addition to each of these entities themselves, the term “applicant” shall also include the direct and indirect holders of more than ten percent (10%) of the ownership interests in the entity, as well as the officers, directors, principals and senior executives of the entity if the entity is a corporation, the general and limited partners of the entity if the entity is a partnership, and the members or managers of the entity if the entity is a limited liability company. For any identified Project expected to use tax-exempt bonds, it shall also include the individual who will be executing the bond purchase agreement.

The following questions must be answered with respect to each entity or person qualifying as an “applicant” under the definition above. Responses may be provided in a consolidated questionnaire, provided that each affirmative response identifies the applicable entity or person. Exceptions:

- Public entity applicants, including cities, counties, and joint powers authorities, must complete the certification above and answer the following questionnaire on behalf of the public entity. Members of their governing body, officers, and employees need not answer separately solely because of those positions.
- Members of the boards of directors of non-profit corporations, including officers of the boards, are also not required to respond. However, chief executive officers (Executive Directors, Chief Executive Officers, Presidents or their equivalent) must respond, as must chief financial officers (Treasurers, Chief Financial Officers, or their equivalent).

Administrative Matters

Explain all positive responses on a separate sheet and include with this questionnaire in the application.

1. In the past ten years, has the applicant received a notice of non-compliance or other notice of violation related to its development, construction, financing, sale, or administration of residential or affordable housing from a housing agency or municipal entity in the County of Los Angeles or from the California Debt Limit Allocation Committee (CDLAC), California Tax Credit Allocation Committee (CTCAC), the California Department of Housing and Community	Choose an item.
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Development (HCD), or the U.S. Department of Housing and Urban Development (HUD)?	
2. Does the applicant (or any of its principals or partners) currently appear on any debarment list maintained by any housing agency or municipal entity in the County of Los Angeles, by the State of California (e.g., CDLAC, CTCAC, Department of Housing and Community Development), or by the U.S. Federal Government (e.g., U.S. Department of Housing and Urban Development)?	Choose an item.

Civil Matters

Explain all positive responses on a separate sheet and include with this questionnaire in the application.

3. Has the applicant filed a bankruptcy or receivership case or had a bankruptcy or receivership action commenced against it, defaulted on a loan or been foreclosed against in the past ten years?	Choose an item.
4. Is the applicant currently a party to, or been notified that it may become a party to, any civil litigation that may materially and adversely affect (a) the financial condition of the applicant's business, or (b) the proposed program or any Project identified in the Application?	Choose an item.
5. Have there been any administrative or civil settlements, decisions, or judgments against the applicant within the past ten years that materially and adversely affected (a) the financial condition of the applicant's business, or (b) the proposed program or any Project identified in the Application?	Choose an item.
6. Is the applicant currently subject to, or been notified that it may become subject to, any civil or administrative proceeding, examination, or investigation by a local, state or federal licensing or accreditation agency, a local, state or federal taxing authority, or a local, state or federal regulatory or enforcement agency?	Choose an item.
7. In the past ten years, has the applicant been subject to any civil or administrative proceeding, examination, or investigation by a local, state or federal licensing or accreditation agency, a local, state or federal taxing authority, or a local, state or federal regulatory or enforcement agency that resulted in a settlement, decision, or judgment?	Choose an item.

Criminal Matters

Explain all positive responses on a separate sheet and include with this questionnaire in the application.

8. Is the applicant currently a party to, or the subject of, or been notified that it may become a party to or the subject of, any criminal litigation, proceeding, charge, complaint, examination or investigation, of any kind, involving, or that could result in, felony charges against the applicant?	Choose an item.
9. Is the applicant currently a party to, or the subject of, or been notified that it may become a party to or the subject of, any criminal litigation, proceeding, charge, complaint, examination or investigation, of any kind, involving, or that could result in, misdemeanor charges against the applicant for matters relating to the conduct of the applicant's business?	Choose an item.
10. Is the applicant currently a party to, or the subject of, or been notified that it may become a party to or the subject of, any criminal litigation, proceeding, charge, complaint, examination or investigation, of any kind, involving, or that could result in, criminal charges (whether felony or misdemeanor) against the applicant for any financial or fraud related crime?	Choose an item.
11. Is the applicant currently a party to, or the subject of, or been notified that it may become a party to or the subject of, any criminal litigation, proceeding, charge, complaint, examination or investigation, of any kind, that could materially affect the financial condition of the applicant's business?	Choose an item.
12. Within the past ten years, has the applicant been convicted of any felony?	Choose an item.
13. Within the past ten years, has the applicant been convicted of any misdemeanor related to the conduct of the applicant's business?	Choose an item.
14. Within the past ten years, has the applicant been convicted of any misdemeanor for any financial or fraud related crime?	Choose an item.

Printed Name	Title of Signatory	Signature	Date

EXHIBIT C:

Conflict of Interest Disclosures



LACAHSa CONFLICT OF INTEREST DISCLOSURE STATEMENT

Each Applicant must fill out and sign a Levine Act Compliance Form (Attachment 1) and a Conflict of Interest Disclosure Form (Attachment 2) and submit these forms with their application. Failure to submit these forms with the application may disqualify the Applicant from further consideration. Attachments 1 and 2 are provided on the following pages. A selected Development Partner must update Attachment 1 with each quarterly Project application and update Attachment 2, as applicable, when previously disclosed information materially changes before a Project-specific funding decision. LACAHSa reserves the right to revise or supplement the forms in this Exhibit and to require Applicants or selected partners to provide additional or updated information, certifications, or disclosures as reasonably necessary to evaluate applications, make or administer funding decisions, or comply with applicable law or LACAHSa policies, as they may change over time.

(Intentionally left blank, Attachment 1 begins on the following page)

ATTACHMENT 1 - LEVINE ACT COMPLIANCE FORM

This form must be completed separately by each Applicant and by each other person or entity that will itself be a party to the proceeding or an agent of an Applicant.

Pursuant to the Levine Act (Government Code section 84308), a person who is an “officer” of LACAHSa within the meaning of Government Code section 84308(a)(4) and California Code of Regulations, section 18438.1(d) of Chapter 4, Division 6, Title 2 (each, a “LACAHSa Officer”) may be required to disclose a contribution and/or be disqualified from participating in a proceeding involving contracts, franchises, licenses, permits, and other entitlements for use if the LACAHSa Officer received more than \$500 in contributions in the past 12 months from the Applicant, any paid agent of the Applicant, or any financially interested participant who actively supports or opposes a particular decision in the proceeding. While this proceeding is pending and for 12 months following LACAHSa’s final decision, an Applicant may not make a contribution of more than \$500 to a LACAHSa Officer, and an Applicant’s agent may not make a contribution in any amount to a LACAHSa Officer.

LACAHSa requires you to disclose information about any contribution or contributions exceeding \$500 made within the preceding 12 months by you, your company, and lobbyists and agents paid to represent you in this proceeding. Failure to complete the form in its entirety may result in significant delays in the processing of your application and potential disqualification from the application process.

You must fully answer the applicable questions below. You (“Declarant”), or your company, if applicable, including all entities identified below (collectively, “Declarant Company”) must also answer the questions below. The term “employee(s)”, as used here, is defined as employees, officers, partners, owners, or directors of Declarant Company.

An affirmative response to any questions will not automatically cause the disqualification or denial of your application. However, failure to answer questions completely, in good faith, or providing materially false answers may subject Applicants to disqualification from the application process.

Complete each section below. State “none” if applicable.

A. COMPANY OR APPLICANT INFORMATION

1) Declarant Company or Applicant Name:

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- a) If applicable, identify all subcontractors that have been or will be named in your bid or proposal:
 - b) If applicable, variations and acronyms of Declarant Company’s name used within the past 12 months:
 - c) Identify all entities or individuals who have the authority to make decisions for you or Declarant Company about making contributions to a LACAHSa

Officer, regardless of whether you or Declarant Company have actually made a contribution:

[IF A COMPANY, ANSWER QUESTIONS 2 - 3]

- 2) Identify only the parent(s), subsidiaries and related business entities that Declarant Company has controlled or directed, or been controlled or directed by. "Controlled or directed" means shared ownership, 50% or greater ownership, or shared management and control between the entities.
 - a) Parent(s):
 - b) Subsidiaries:
 - c) Related Business Entities:
- 3) If Declarant Company is a closed corporation (non-public, with 35 or fewer shareholders), identify the majority shareholder.
- 4) Identify all entities (proprietorships, firms, partnerships, joint ventures, syndicates, business trusts, companies, corporations, limited liability companies, associations, committees, and any other organization or group of persons acting in concert) whose contributions you or Declarant Company have the authority to direct or control.
- 5) Identify any individuals or entities, such as employees, agents, attorneys, law firms, lobbyists, and lobbying firms, who are or will act on behalf of you or Declarant Company and who will receive compensation to appear before or otherwise communicate with LACAHSa for the purpose of influencing this proceeding. If an individual acting as an agent is also acting as an employee or member of a law, architectural, engineering, consulting, lobbying, or similar firm or entity, identify both the individual and the firm or entity.
- 6) If you or Declarant Company are a 501(c)(3) non-profit organization, identify the compensated officers of your organization and the compensated members of your board.

B. CONTRIBUTIONS

- 1) Have you or the Declarant Company solicited or directed your employee(s) or agent(s) to make contributions, whether through fundraising events, communications, or any other means, to a LACAHSa Officer in the past 12 months? If so, provide details of each occurrence, including the date.

Date (contribution solicited or directed)	Name (of the contributor)	Recipient Name (LACAHSO Officer)	Amount

* Attach an additional page, if necessary

- 2) Disclose all contributions made by you or any of the entities and individuals identified in Section A, or by any other individual or entity whose contributions must be aggregated with contributions made by you or Declarant Company under Government Code section 82015.5, to a LACAHSO Officer in the past 12 months.

Date of Contribution	Name (of the contributor)	Recipient Name (LACAHSO Officer)	Amount

* Attach an additional page, if necessary

C. DECLARATION

By signing this Levine Act Compliance Form, you (Declarant), or you and the Declarant Company, if applicable, attest that you have read the entirety of the foregoing and the statements made herein are true and correct to the best of your knowledge and belief. (Only complete the one section that applies.)

There are _____ additional pages attached to this Levine Act Compliance Form.

COMPANY APPLICANTS

I, _____ (Authorized Representative), on behalf of _____ (Declarant Company), at which I am employed as _____ (Title), attest that after having made or caused to be made a reasonably diligent investigation regarding the Declarant Company, the foregoing responses, and the explanation on the attached page(s), if any, are correct to the best of my knowledge and belief. Further, I understand that failure to answer the questions in good faith or providing materially false answers may subject Declarant Company to consequences, including disqualification of its application or delays in the processing of the requested contract, license, permit, or other entitlement.

IMPORTANT NOTICE REGARDING FUTURE AGENTS AND FUTURE CONTRIBUTIONS:

By signing this Levine Act Compliance Form, you also agree that, if Declarant Company hires an agent, such as, but not limited to, an attorney or lobbyist during the course of these proceedings and will compensate them for communicating with LCAHSA about this contract, application, project, permit, license, or other entitlement for use, you agree to inform LCAHSA of the identity of the agent or lobbyist and the date of their hire, no later than the date of the agent's first appearance before or communication with LCAHSA after this form is submitted. You also agree to disclose to LCAHSA any future contributions made to members of the LCAHSA Board of Directors or any other LCAHSA Officer or employee by the Declarant Company, or, if applicable, any of the Declarant Company's proposed subcontractors, agents, lobbyists, and employees who have communicated or will communicate with LCAHSA about this contract, application, license, permit, or other entitlement that are made after the date of signing this disclosure form while this proceeding is pending or during the 12 months following the date LCAHSA renders its final decision in the proceeding. .

Signature

Date

INDIVIDUAL APPLICANTS

I, _____, declare that the foregoing responses and the explanation on the attached sheet(s), if any, are correct to the best of my knowledge and belief. Further, I understand that failure to answer the questions in good faith or providing materially false answers may subject me to consequences, including disqualification of my application or delays in the processing of the requested license, permit, or other entitlement.

IMPORTANT NOTICE REGARDING FUTURE AGENTS AND FUTURE CONTRIBUTIONS:

If I hire an agent or lobbyist during the course of these proceedings and will compensate them for communicating with LCAHSA about this contract, project, application, permit, license, or other entitlement for use, I agree to inform LCAHSA of the identity of the agent or lobbyist and the date of their hire, no later than the date of the agent's first appearance before or communication with LCAHSA after this form is submitted. I also agree to disclose to LCAHSA any future contributions made to members of the LCAHSA Board of Directors or any other LCAHSA Officer or employee by me, or an agent such as, but not limited to, a lobbyist or attorney representing me that are made after the date of signing this disclosure form while this proceeding is pending or during the 12 months following the date LCAHSA renders its final decision in the proceeding.

Signature

Date

(Intentionally left blank, Attachment 2 begins on the following page)

ATTACHMENT 2 - CONFLICT OF INTEREST DISCLOSURE FORM

_____ (“Applicant”), in submitting the application (“Application”) in response to the Los Angeles County Affordable Housing Solutions Agency (“LACAHS”) Notice of Funding Availability (Production-Side Homeownership Assistance) makes the following representations:

- A) Except as set forth in this Conflict of Interest Disclosure Form (“Disclosure Form”), Applicant does not have a direct or indirect financial interest in LACAHS;
- B) Except as set forth in this Disclosure Form, no business or organization with which Applicant is associated has a direct or indirect financial interest in LACAHS;
- C) Except as set forth in this Disclosure Form, Applicant does not have any other interest or relationship that would constitute a conflict of interest, or potential conflict of interest, with LACAHS;
- D) Applicant declares and warrants that no elected or appointed official, board member, committee member, alternate, officer, or employee of LACAHS has been or shall be compensated, directly or indirectly, in connection with the Application or any work connected with the Application. Should any agreement be approved in connection with the Application, Applicant declares and warrants that no elected or appointed official, board member, alternate, officer or employee of LACAHS, during the term of their service with LACAHS shall have any direct interest in that agreement, or obtain any present, anticipated or future material benefit arising therefrom.
- E) In the event that the circumstances under which I submitted this Disclosure Form change such that a response pertaining to items A through D must be provided, I will promptly contact LACAHS and prepare a revised Disclosure Form.

DESCRIPTION OF POTENTIAL CONFLICTS OF INTEREST

*Attach additional page(s) if necessary

Signed: _____ Date: _____

Name and Title: _____

Representing: _____