

**Housing Authority of the City of Milwaukee  
NOTIFICATION OF POTENTIAL FINANCIAL CONFLICT OF INTEREST  
INCLUDING PROPERTY OR BUSINESS OWNERSHIP**

I am notifying HACM and its affiliate agencies that I may have a financial conflict of interest.

NAME (please print) \_\_\_\_\_ DATE \_\_\_\_\_

TITLE \_\_\_\_\_ WORK  
DIVISION \_\_\_\_\_

Please describe the situation that requires disclosure.

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Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

**DIVISION DIRECTOR: Please complete and sign. Attach additional comments if desired.**

- I believe no conflict of interest exists.
- I believe a conflict of interest exists, and recommend the following action to address the conflict:

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Division  
Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Copy to Employee    Copy to Personnel File    Copy to Supervisor