

**IDENTITY OF INTEREST
DISCLOSURE AND CERTIFICATION FORM**

Property Address: _____

Grantee Name: _____

Blight Partner: _____

Demolition Contractor: _____

MHC requires that all identity of interests between the selected Demolition Contractor and the Grantee and the Blight Partner be disclosed.

DISCLOSURE

Does an Identity of Interest exist between the Demolition Contractor and the Grantee and/or the Blight Partner?

YES NO

If yes, explain below (*provide additional paper if necessary*):

CERTIFICATION

The undersigned hereby certify under penalty of law that the information submitted is true and correct. The undersigned understands that failure to disclose any Identity of Interest may result in a withdrawal of Blight Elimination Program funds by the Mississippi Home Corporation. The undersigned further agrees to complete an Identity of Interest and Certification Form if at any time there is a change that results in an Identity of Interest being formed.

GRANTEE

BLIGHT PARTNER

By: _____

By: _____

Its: _____

Its: _____

Date: _____

Date: _____