EXHIBIT D

VIRGIN ISLANDS HOUSING AUTHORITY

PRINCIPAL PERSONNEL DISCLOSURE STATEMENT CERTIFICATION

Instructions

Every Offeror is required to read the below instructions and submit this *Principal Personnel Disclosure Statement Certification*. This Certification must be completed accurately and must be **notarized**. If a financial or personal interest exists, Offerors are required to make Full Disclosure in a **Disclosure Statement** (see "Disclosure Statement Instructions" below) and **should not** submit this *Principal Personnel Disclosure Statement Certification*).

FINANCIAL OR PERSONAL INTEREST DISCLOSURE

No VIHA employee, officer, member of its Board of Commissioners, or agent shall participate directly or indirectly in the selection, award or administration of any contract if a conflict of interest, either real or apparent, would be involved. This type of conflict of interest occurs when one of the following persons have a financial or any other type of interest in a respondent (including its officers, members, and partners) competing for the award:

1. An employee, officer, member of the Board of Commissioners, or agent of VIHA or any public official;
2. A relative (including spouse, father, mother, child, brother and sister, including "half" or "step" relatives) of any of the above;
3. The partner (financial or otherwise) of any of the above; or
4. An organization that employs or is negotiating to employ or has an arrangement concerning prospective employment of any of the above.

DISCLOSURE STATEMENT INSTRUCTIONS

Offerors having a financial or personal interest in this solicitation, subsequent contract and/or the above-identified business shall make immediate, full and complete disclosure in writing to the Office of the General Counsel (a "Disclosure Statement").

All Disclosure Statements must be presented on the Offeror's letterhead, notarized and signed by the individual making the disclosure.

If applicable, provide the following information in the Disclosure Statement:

- Describe the nature of the interest(personal/financial)
- Names of individuals involved/associated with VIHA and Respondent
- Title of individuals named
- Relationships (blood/marriage), (mother, father etc.)
- Social Security numbers or Taxpayer Identification number
- Type of involvement (principal, officer, employees, etc.)
- Value of financial interest
- Name and address of business
- Other pertinent information

I, _____, being an authorized representative of _____ certify that all Principal Personnel identified on Page 2 of this Certification have read the above instructions and that none of the persons listed above have a financial or any other type of interest in Respondent or any Principal Personnel of Respondent.

Signature of Respondent _____

Signature

_____

Title

_____

Date

WARNING: *All information is to be true and accurate. False, misleading statements or failure to provide all information requested will disqualify a Respondent from this solicitation process. VIHA reserves the right, based upon the information provided, to determine if a conflict of interest is real or apparent and whether or not a Respondent is qualified to participate in this solicitation process.*

EXHIBIT D

VIRGIN ISLANDS HOUSING AUTHORITY

PRINCIPAL PERSONNEL DISCLOSURE STATEMENT CERTIFICATION

List the appropriate individuals related to your company.

SOLE PROPRIETORSHIP	PARTNERSHIPS * Identify additional partners (if any) on a separate page	CORPORATIONS ** Identify **all other officers and assistant officers** (if any) of the corporation (add separate page if required)	LIMITED LIABILITY CORPORATIONS *** Identify additional members (if any) on a separate page
Owner (PRINT NAME)	Partner (PRINT NAME)	Officer (PRINT NAME)	Member (PRINT NAME)
Signature	Signature	Signature	Signature
Title	Title	Title	Title
	Partner (PRINT NAME)	Officer (PRINT NAME)	Member (PRINT NAME)
	Signature	Signature	Signature
	Title	Title	Title
	Partner (PRINT NAME)	Officer (PRINT NAME)	Member (PRINT NAME)
	Signature	Signature	Signature
	Title	Title	Title
	Partner (PRINT NAME)	Officer (PRINT NAME)	Member (PRINT NAME)
	Signature	Signature	Signature
	Title	Title	Title

I, _____, being an authorized representative of _____ certify that the above-identified sole proprietor, partners, or corporate officers hold the positions identified above and that I have not excluded any persons.

Signature of Respondent:

_____
Signature of Sole Proprietor
(If Respondent is an Individual)

_____
Signature of Partner
(If Respondent is a Partnership)

_____
Signature of Officer
(If Respondent is a Corporation)

_____
Signature of Member
(If Respondent is Limited Liability Corporation)

Subscribed and sworn before me on this _____ day of _____ 20____. My Commission expires: