

CCAO USE ONLY:

APPEAL NUMBER: _____

PIN: _____

NAME OF DISQUALIFIED EMPLOYEE: _____ POSITION: _____

RECEIVED & REVIEWED BY MANAGER(S) [Initials & Dates]: _____

Form: 6-7-2011

Employee Ethics Disclosure Form (EEDF)

Instructions: Fill in all blanks and check-mark all applicable areas

Employee Name (Print):

Employee ID Number (Employee Number on Swipe Card):

Applicant Name (Print):

Address(s) of Subject Matter Property (Print):

PIN(s):

Appeal, List Appeal Number(s)

Certificate of Error

Homeowner Type Exemption ("HTE") (check all that apply)

Disabled veterans

Returning Veterans' Homestead Exemption

Disabled persons' homestead exemption

Disabled veterans standard homestead exemption

Senior Citizens Homestead Exemption

Senior Citizens Assessment Freeze Homestead Exemption

General homestead exemption

Long time occupant homestead exemption

Other (attach explanation)

Form: 6-7-2011

For Self

For Family Member (Spouse, Children, Sibling(s) and Parent(s) – includes by marriage/adoption)

[Applies only for appeals/exemptions that are applied for by or with the direct assistance of the employee – no EEDF is necessary if the family member applies for the appeal/exemption on their own without the employee’s direct assistance.]

Pursuant to the Conflict of Interest Policy of the Cook County Assessor’s Office (“CCAO”)

I, _____, an employee of the CCAO hereby disclose a conflict or potential conflict of interest I have or may have with respect to the above noted application filed with the CCAO:

Employee Acknowledgment and Disqualification:

By filing this report, I acknowledge that I am required to avoid any situation that involves a conflict or potential conflict of interest between my personal economic interests and the interests of the CCAO and my employment with the CCAO. Without written authorization from the CCAO stating that my participation is imperative to the welfare of the CCAO and the public good, I understand that I shall not knowingly:

- work on, process, analyze, or participate in the disposition of, either directly or indirectly through discussions with or by influencing other CCAO employees regarding this application or complaint.
- engage in personal, business, or professional activities with the applicant or complainant, including the receipt or acceptance of compensation from the applicant or complainant for any services or activities related to my duties with the CCAO and the functioning of the CCAO.
- acquire an interest, either directly or indirectly, in the subject property while the application or complaint/appeal is pending before the CCAO.

Verification:

I declare that this statement of a conflict or potential conflict of interest has been completed and reviewed by me and to the best of my knowledge and belief; this statement is true and correct. I understand that willfully filing a false or incomplete statement shall subject me to disciplinary action up to and including discharge from my employment. I further understand that in the event I learn that this statement is incorrect or has become incorrect, I shall promptly complete a subsequent report correcting this statement.

I declare that I have read and reviewed the HTE application form(s) and requirements contained therein for the each respective HTE that I am applying for, as noted above, and I hereby declare that I qualify and am entitled to said HTE, as the case may be.

Print Name	Signature	Date
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