CCAO USE ONLY:			
APPEAL NUMBER:			
PIN:NAME OF DISQUALIFIED EMPLOYEE:	POSITION:		
	tials & 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)			

no EEDF is necessary if the employee's direct assistance.]	family member applies for the appeal/exe	emption on their own without the
Pursuant to the Conflict of In	terest Policy of the Cook County Assessor's	s Office ("CCAO")
	, an employee of the CCAO her	
1	Employee Acknowledgment and Disqualific	ration:
potential conflict of interest b employment with the CCAO.	owledge that I am required to avoid any si etween my personal economic interests and Without written authorization from the CC ne CCAO and the public good, I understand	the interests of the CCAO and my CAO stating that my participation is
•	or participate in the disposition of, eith cing other CCAO employees regarding this	
receipt or acceptance of con	s, or professional activities with the application from the applicant or complain CCAO and the functioning of the CCAO.	_
-acquire an interest, either complaint/appeal is pending by	directly or indirectly, in the subject proefore the CCAO.	roperty while the application or
	Verification:	
by me and to the best of my willfully filing a false or inco discharge from my employme	of a conflict or potential conflict of interest y knowledge and belief; this statement is to implete statement shall subject me to discip int. I further understand that in the event I lead all promptly complete a subsequent report con	rue and correct. I understand that plinary action up to and including earn that this statement is incorrect
	reviewed the HTE application form(s) and I am applying for, as noted above, and I have may be.	
Print Name	Signature	Date

[Applies only for appeals/exemptions that are applied for by or with the direct assistance of the employee -