



HIALEAH HOUSING AUTHORITY

SECTION 8 DEPARTMENT
75 EAST 6TH STREET, HIALEAH, FL 33010
PH: 305-887-9844- FAX: 305-882-5812



DISCLOSURE AFFIDAVIT

I, ----- being first duly sworn, state:

1. The full legal name and business address* of the person or entity contracting or transacting business with the HIALEAH HOUSING AUTHORITY are:

2. If the contract or business transaction is with a corporation, the full legal name and business address* shall all be provided for each officer and director and each stockholder who holds directly or indirectly five percent 5% or more of the corporation's stock. If the contract or business transactions is with a partnership, the full legal name and business address * shall be provided for each partner. If the contract or business transactions is with a trust, the full legal name and address* shall be provided for each trustee and each beneficiary. All such names and addresses are:

3. The full legal names and business address* of any other individual (other than subcontractors, material men, suppliers, laborers, or lenders) who have, or will have, any interest (legal, equitable, beneficial or otherwise) in the contractor business transaction with the HIALEAH HOUSING AUTHORITY are:

Date: -----

Folio Number -----

Name of Affiant

SWORN to and subscribed before me
This ___ day of _____, ____.

Signature

Notary Public, State of Florida
At Large

My Commission Expires: -----

~~Post~~ office box addresses are NOT acceptable
Use separate attached pages if necessary