**ALASKA HOUSING STABILIZATION AND RECOVERY PROGRAM**

**Conflict of Interest, Data Security, and Applicant Privacy Acknowledgement Form**

1. Disclosure and Conflict of Interest
   1. All staff must immediately notify their supervisor if they encounter an application from a person they have a financial relationship with and immediately stop work on that application.
   2. All staff must immediately notify their supervisor if they encounter an application from a person they have a personal or familial relationship with and immediately stop work on that application.
   3. All staff must disclose to their supervisor if they or known members of their family or households are receiving services through the Alaska Housing Stabilization and Recovery program.
2. Application Data Security and Privacy
   1. No client records are to be printed or image captured
   2. Unless otherwise approved by AHFC, access to the system will be limited to specific IP addresses or workstations approved by the team member’s supervisor
   3. All staff must read and sign the AHFC information security policy and procedures document
   4. Staff are not permitted to access applicant records outside of their stated work hours
   5. No client records are to be solicited or transmitted via email
3. Alaska Housing Finance Corporation Information Security Policy (attached)

I hereby affirm that I have read, understood and agree to comply with all of the above provisions and policies.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_