



## INTEGRITY DECLARATION

Canada Mortgage and Housing Corporation (“CMHC”) wishes to ensure that due consideration is given to the integrity of persons and entities applying for financial assistance or any other benefits from CMHC and, further, that due consideration is to be given to the effect that a proposed transaction or business relation would have on CMHC’s reputation or the reputation of the Government of Canada, and the ability to attract and retain other persons or entities to use CMHC’s programs and services.

Accordingly, CMHC requires applicants for financial assistance or other CMHC benefits to complete this declaration prior to, and to remain eligible for, receipt of financial assistance or other benefits from CMHC.

### Declaration

\_\_\_\_\_ [insert full legal name of Applicant] (the “Applicant”) hereby declares<sup>1</sup> and confirms the following on the express understanding that CMHC is relying on this Declaration in making a determination of eligibility of the Applicant to be provided with financial assistance or other benefits:

- (a) the Applicant and its affiliates<sup>2</sup> have not, under Canadian (including federal, provincial or territorial), foreign or international laws, been convicted of any crime or penal or regulatory offence, in relation to any financial matters, including without limitation, forgery, fraud, bribery, corruption, international sanctions, taxation or money laundering;
- (b) the Applicant and its affiliates have not been found to be in breach or violation of any agreement or other arrangement with CMHC, under any of its prior or existing programs;
- (c) the Applicant and its affiliates have not previously been declared by the Government of Canada or any provincial, territorial or local government in Canada to be ineligible to do business with such government, including under the Government of Canada’s Integrity Regime<sup>3</sup>;
- (d) there are no facts known or which ought reasonably to be known by the Applicant, which, in the opinion of the Applicant, acting reasonably, could give rise to CMHC having a concern with:
  - (i) entering into and/or maintaining a business relationship with the Applicant; or
  - (ii) the Applicant’s integrity; and

<sup>1</sup> If for any reason you are unable to make the present Declaration, you must explain why. Your explanation must be provided in a separate document to be included with this Form. CMHC may request additional information from you. You authorize CMHC to collect and use the information provided, in addition to any other information that may be required to make a determination of ineligibility.

<sup>2</sup> An affiliate of the Applicant is another person or entity that directly, or indirectly through one or more intermediaries, controls or is controlled by, or is under common control with, the Applicant.

<sup>3</sup> Please refer to the Government of Canada’s Integrity Regime which can be accessed at: <https://www.tpsgc-pwgsc.gc.ca/ci-if/ci-if-eng.html>.

(e) the Applicant has fully disclosed to CMHC all information that may be relevant to the determination by CMHC of the Applicant's integrity.

For the duration of its business relationship with CMHC, the Applicant agrees to and shall immediately inform CMHC of any change in circumstances which would thereafter prevent the Applicant from maintaining this Declaration.

If the Applicant is not an individual, then the Applicant hereby declares and confirms the matters in (a) to (e) above in respect of each of its directors, officers, members, shareholders and beneficial owners.

The Applicant acknowledges that providing false or misleading information to CMHC on this Declaration or otherwise in connection with the Applicant's application may result in a determination by CMHC that the Applicant is not eligible to receive financial or other benefits from CMHC.

The Applicant makes this Declaration this \_\_\_ day of \_\_\_\_\_, 20\_\_\_.

\_\_\_\_\_  
Full legal name of Applicant

By: \_\_\_\_\_  
Authorized Signatory  
Name and Position:

By: \_\_\_\_\_  
Authorized Signatory  
Name and Position:

I/We have authority to bind the Applicant.