

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY
CERTIFICATION OF FILING**

Certificate Number:
2021-726561

Date Filed:
03/12/2021

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Yardi Systems, Inc.
Santa Barbara, CA United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

County of Hidalgo

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

AI-79855; Yardi Order # 274172
SaaS software license, payment processing, customer service, and case management for Emergency Rental Assistance Program

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Yardi, Jason	Santa Barbara, CA United States	X	
	Morrell, Gordon	Santa Barbara, CA United States	X	
	Yardi, Anant	Santa Barbara, CA United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Arnold Brier, and my date of birth is 03/14/1961.

My address is 430 South Fairview Avenue, Goleta, CA, 93111, USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Santa Barbara County, State of CA, on the 12th day of March, 2021.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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	Yardi, Jason	Santa Barbara, CA United States	X	
	Morrell, Gordon	Santa Barbara, CA United States	X	
	Yardi, Anant	Santa Barbara, CA United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)