



**Community Housing Development Organization (CHDO)**

**2011 APPLICATION/RECERTIFICATION**

**Please circle the appropriate classification**

**APPLICANT COVER SHEET**

Organization's Name: \_\_\_\_\_

Address (mailing and office, if different):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Federal I.D. #: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Board Chairman/President: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**DEADLINE: NOVEMBER 1, 2010**



## CHDO ANNUAL RECERTIFICATION

CHDO ORGANIZATION NAME: \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

\* *Items indicated with an "asterisk" symbol are reminders or helpful tips.*

1. Provide a listing of the CHDO board of directors, including the board member's name, place of employment, and which sector he/she represents (i.e., public, private or low-income). Keep in mind the requirement that no more than one-third of the board may be comprised of public representatives and at least one-third of the board must be low-income representatives. **Using the form provided**, please include the listing of the board of directors as **Attachment A**.

\* *Per a regulatory clarification from HUD, a local government employee, school board employee, etc. **does not** have to be counted as a public sector representative if he/she would otherwise qualify as a low-income representative.*

\* *However, a board member who is employed by any branch or agency of state government is automatically considered a public representative, regardless of his/her income level. Other types of public representatives include elected officials and board members appointed by a public official.*

2. For the low-income representatives on the board, provide supporting documentation of their eligibility to be a low-income representative. There are three ways a board member can be classified as a low-income representative:

❖ The board member's gross household income is below 80% of the area median.

❖ The board member is an elected representative of a low-income neighborhood organization. (Refer to page 4 of the CHDO Certification Manual for further guidance).

❖ The board member is a resident of a low-income neighborhood (at least 51% of the residents of the census tract are below 80% area median income).

**Using the form provided**, please provide the appropriate low-income documentation as **Attachment B**.

3. Identify the CHDO's service area. Please ensure that the service area is the same as is identified in the CHDO bylaws.

4. Is the CHDO currently administering a HOME-funded CHDO set-aside project? If so, does the service area of the current project comply with the CHDO's service area as defined in the bylaws?

5. Detail the affordable housing activities that have been accomplished or undertaken in the past year, including units assisted with CHDO proceeds (if applicable).

- ❖ How many units have been produced and/or households assisted? How many households were assisted with CHDO proceeds?

- ❖ Were HOME funds from the CHDO set-aside used in these activities and if so, how? *(Note: to be eligible, CHDO set-aside funds must be used during the construction phase; permanent financing only is ineligible).*

Describe the CHDO's low-income advisory process and the outreach performed to involve the low-income community in the CHDO's decision-making processes.

- \* *Having low-income representatives on the board of directors or having "open" board meetings does not satisfy the requirements of the low-income advisory process. The low-income advisory process is designed to report the outreach efforts made by the CHDO to the low-income community and must be adhered to as outlined in the CHDO's bylaws.*

- ❖ In what ways was the low-income advisory process implemented in the past year and what were the results?

- ❖ How have the low-income residents and program beneficiaries in your service area been involved with the CHDO to advise on policies and procedures, program design,

site location(s), development and management of affordable housing? Please provide specific examples.

- ❖ Are there any unique approaches you have taken to obtain feedback from the low-income such as the formation of neighborhood advisory councils, tenant committees, etc.?

- ❖ Discuss any challenges you have encountered in obtaining feedback from the low-income residents and what measures will be pursued to overcome these obstacles.

6. Describe the Fair Housing activities that were undertaken by your organization during the past 12 months.

7. Describe any training or technical assistance that your board or staff members participated in that increased your capacity to develop affordable housing.

8. Please identify any technical assistance or training needs that your organization needs to increase your capacity to develop affordable housing.

9. Provide a narrative of the CHDO's **two-year** strategic business plan.

- ❖ The business plan must be delineated by year, for the next two years. A new, updated document must be submitted with each recertification.
- ❖ It must contain specific, measurable goals regarding affordable housing unit production and number of households to be assisted, as well as other long-range organizational and community development goals of the CHDO.
- ❖ It must identify the funding sources anticipated to accomplish the stated goals.

Include the two-year strategic business plan as **Attachment C**.

- \* *“Measurable” goals are ones to which the CHDO can hold itself accountable and easily determine at the end of the year whether or not the goal was accomplished.*

***All CHDO RECERTIFICATION DOCUMENTATION MUST BE SUBMITTED BY October 28, 2010. CHDO DESIGNATION WILL BE SUSPENDED IF ALL REQUIRED DOCUMENTATION IS NOT SUBMITTED.***



## CHDO Certification Application Attachments Checklist

Please complete the applicant portion of this checklist. Include the requested information in the Attachments indicated and check-off the item in the checklist. Articles of Incorporation, By-Laws, Charters, Memorandums of Understanding, Contracts, Certifications and Resolutions must be signed and dated by the Board President or other authorized signor. Incomplete applications will not be considered.

LEGAL STATUS	DCD Use Only
<p><b>A</b> The nonprofit organization is organized under State or local laws. As <b>Attachment A-1</b>, please provide a signed and dated copy of:</p> <p>_____ A Charter, <b>-OR-</b> _____ Articles of Incorporation</p> <p>As <b>Attachment A-2</b>, please provide a Certificate of Good Standing from the Ohio Secretary of State's office. If the organization is newly created and has been in existence less than one year, a Certificate of Existence will suffice.</p> <p>Date of incorporation: _____</p>	<p style="text-align: center;">Requirement Met?</p> <p style="text-align: center;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p><b>B</b> No part of its net earnings inure to the benefit of any member, founder, contributor, or individual. As <b>Attachment B</b>, please provide and highlight the appropriate area in the following document:</p> <p>_____ A Charter, <b>-OR-</b> _____ Articles of Incorporation</p>	<p style="text-align: center;">Requirement Met?</p> <p style="text-align: center;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p><b>C</b> Has either a tax exemption ruling or conditional designation from the Internal Revenue Service (IRS) under Section 501(c) of the Internal Revenue Code of 1986. As <b>Attachment C</b>, please provide complete copy of:</p> <p>_____ A 501(c) Certificate from the IRS, <b>-OR-</b> _____ Letter of conditional designation from the IRS</p>	<p style="text-align: center;">Requirement Met?</p> <p style="text-align: center;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>

LEGAL STATUS		DCD Use Only
<b>D</b> Has among its purposes the provision of decent housing that is affordable to low- and moderate-income people. As <b>Attachment D</b> , please provide and highlight the appropriate area in one of the following document:  _____ Charter _____ Articles of Incorporation _____ By-laws _____ Resolutions	Requirement Met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>E</b> Conforms to the financial accountability standards of Attachment F of OMB Circular A-110, "Standards for Financial Management Systems. As <b>Attachment E</b> , please provide a copy of one of the following:  _____ A notarized statement by the president or chief financial officer of the organization;  _____ A certification from a Certified Public Accountant; <b>-OR-</b> _____ A HUD approved audit summary.	Requirement Met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
CAPACITY/EXPERIENCE		
<b>F</b> Has a demonstrated capacity for carrying out activities assisted with HOME funds. As <b>Attachment F</b> , please provide the following:  _____ Resumes and/or narrative that describes the experience of key staff and board members who have successfully completed HOME-funded projects similar to those to be undertaken as a CHDO.	Requirement Met?	<input type="checkbox"/> Yes <input type="checkbox"/> No





RELATIONSHIP WITH FOR-PROFIT ENTITIES		DCD Use Only
<p><b>M</b> Is the CHDO sponsored or created by a for-profit entity?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, A CHDO may be sponsored or created by a for-profit entity, however:</p> <p>(1) The for-profit entity's primary purpose does not include the development or management of housing. As <b>Attachment M-1</b> provide:</p> <p>_____ The for-profit organization's By-Laws, AND;</p> <p>(2) The CHDO is free to contract for goods and services from vendor(s) of its own choosing. As <b>Attachment M-2</b>, highlight relevant text in the following CHDO:</p> <p>_____ By-Laws          _____ Charter          _____ Articles of Incorporation</p>	<p>Requirement Met?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	
HOUSING AS PRIMARY PURPOSE		DCD Use Only
<p><b>N</b> Certification is available only to organizations whose primary purpose is to provide and develop affordable housing. Please provide as <b>Attachment N</b>, a copy of the following:</p> <p>_____ Copy of current fiscal year's full operating budget categorized by program, <b>AND</b></p> <p>_____ Description of current and planned affordable housing activities.</p>	<p>Requirement Met?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	

BOARD CERTIFICATION		DCD Use Only
O	<p>The Board and its low-income representatives must certify that it meets the low-income CHDO requirements. As <b>Attachment O</b>, attach</p> <p>_____ Certification of Low Income Representation (form attached), <b>AND</b></p> <p>_____ Certification of Board Status</p>	<p>Requirement Met?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
P	<p>_____ Do board members have professional skills directly relevant to housing development (e.g. real estate, legal, architecture, finance, management)? If so, as <b>Attachment P</b>, attach written documentation of each board member's profession and relative experience.</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>

**For DCD Use Only:**


Approved             Disapproved

CHDO Coordinator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Certification of Low-Income Representation**

Board Member Name: \_\_\_\_\_

I certify that I am a current member in good standing of the governing board for

\_\_\_\_\_ (name of the CHDO organization)

and that I represent the interests of low-income families in this organization's targeted service area. I have checked below the manner in which I meet the qualification as a low-income representative:

I qualify as a low-income resident under the HOME Program definition. The gross annual income of my household of \_\_\_\_\_ people is at or below 80% of the \_\_\_\_\_ county area median income in the amount of \$\_\_\_\_\_.  
(name of county) (80% AMI limit)

I live in a low-income area (where 51% or more of the households in my US Census tract have incomes at or below 80% of the median household income, as defined by HUD), which is part of the CHDO's targeted service area. My census tract is \_\_\_\_\_. **The Census tract data must accompany this certification.**  
(census tract number)

I am an elected representative of \_\_\_\_\_, (name of low-income neighborhood organization)  
located within \_\_\_\_\_, (name of county)

which is part of the CHDO's targeted service area. **The meeting minutes and election roster that demonstrates the election of the member must be provided.**

If the applicant is representing a low-income neighborhood organization, please attach a copy of the signed resolution from the neighborhood organization naming the individual as their representative on the CHDO's board of directors.

By signing and dating this statement, I hereby certify that I meet the low-income representation characteristic checked above.

\_\_\_\_\_  
Board Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board President Signature

\_\_\_\_\_  
Date

**[CHDO Name]**  
**Board of Directors**

**SELECT ONLY ONE**  
**(Appropriate Documentation Must Be Provided)**

	<b>Current Board Member Name</b>	<b>County of Residence</b>	<b>Employer</b> (If unemployed, indicate reason such as student, retired, disabled, etc.)	<b>Low-Income Household</b> (below 80% AMI)	<b>Resident of a Low-Income Neighborhood</b> (provide US Census tract data)	<b>Elected Representative of a Low-Income Neighborhood Organization</b>	<b>Public Official or Employee</b>	<b>Private Sector</b>	<b>Term Expiration Date</b>
1.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I certify that this listing of current, participating board members is accurate.

\_\_\_\_\_  
**Board President Signature**

\_\_\_\_\_  
**Date**

	Current Board Member Name	County of Residence	Employer (If unemployed, indicate reason such as student, retired, disabled, etc.)	Low-Income Household (below 80% AMI)	Resident of a Low-Income Neighborhood (provide US Census tract data)	Elected Representative of a Low-Income Neighborhood Organization	Public Official or Employee	Private Sector	Term Expiration Date
16.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I certify that this listing of current, participating board members is accurate.

\_\_\_\_\_  
Board President Signature

\_\_\_\_\_  
Date