

# HOME Program Community Housing Development Organization (CHDO) Certification Application

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CITY OF HOUSTON

HOUSING AND COMMUNITY  
DEVELOPMENT DEPARTMENT

Organization Name:

Date:



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## CHDO Application Instructions

### A. Program Summary

The HOME Investment Partnerships Program (HOME) is administered through the U.S. Department of Housing and Urban Development (HUD). The City of Houston, as a Participating Jurisdiction (PJ), receives funds under the HOME Program, which is administered by the Housing and Community Development Department (HCD). HUD has established minimum criteria for eligibility as a Community Housing Development Organization (CHDO). In addition, HCD has established criteria to ensure that the goals established in the Consolidated Plan are accomplished.

At least 15 percent of HOME funds must be set aside for specific activities to be undertaken by a special type of nonprofit called a Community Housing Development Organization (CHDO). A CHDO is a private nonprofit, community-based organization which has staff with the capacity to develop affordable housing for the community it serves. In order to qualify for designation as a CHDO, the organization must meet certain requirements pertaining to their legal status, organizational structure, and capacity and experience.

With PJ approval, CHDOs may use HOME funds for all eligible HOME activities. However, in order to count towards the 15 percent set-aside, a CHDO must act as the owner, developer, or sponsor of a project that is an eligible set-aside activity. These eligible set-aside activities include: the acquisition and/or rehabilitation of rental housing; new construction of rental housing; acquisition and/or rehabilitation of homebuyer properties; new construction of homebuyer properties; and direct financial assistance to purchasers of HOME-assisted housing that has been developed with HOME funds by the CHDO. For more information on Community Housing Development Organizations, see 24 CFR 92 Subpart G:

- 24 CFR 92.208 Eligible Community Housing Development Organizations (CHDO) operating expenses and capacity
- 24 CFR 92.300 - Set aside for Community Housing Development Organizations
- 24 CFR 92.301 - Project-specific assistance to Community Housing Development Organizations

### B. Submission Format

HCD is responsible for accepting and evaluating all applications for CHDO designation, on behalf of the City of Houston. The Application consists of the following complete items:

1. Original Application with Signatures. One (1) complete original application submitted electronically.

*Note: Incomplete Applications or improperly compiled CHDO Applications will not be accepted.*

### C. Contact Information

Questions and requests for technical assistance can be received by the program of CHDO Administration:

**City of Houston**  
**Housing and Community Development**  
**CHDO Program Administrators**  
2100 Travis Street, 9th Floor  
Houston, Texas 77002  
Phone: 832-394-6200  
Email: [singlefamilychdo@houstontx.gov](mailto:singlefamilychdo@houstontx.gov)

# COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO) PROGRAM CERTIFICATION APPLICATION



Document Checklist		Form Provided	Applicant Document	Required	Signature	Notarized
<b>COVER LETTER &amp; COVER SHEET</b>						
Proof of Completion of HUD's Building HOME Online Training						
<b>PRIMARY INFORMATION &amp; CERTIFICATION</b>						
Authorized Official Certification / Signature						
Certification of Signatures and Address						
Geographic Designation						
Service Area Map						
<b>LEGAL STATUS</b>						
Legal Opinion of Non-Profit Status						
Certificate of Fact						
Certificate of Account Status						
Charter						
Articles of Incorporation						
By-Laws						
IRS 501 (C) 3 Certificate Letter						
Board Meeting Minutes						
Resolutions / Amendments						
<b>CAPACITY</b>						
Affidavit of Standards for Financial Management						
Past & Current Development Performance						
Fiscal Soundness						
Community Experience Report						
Applicant Organization Paid Staff and Capacity						
Individual Staff (Employee) Capacity Checklist						
Consultant Experience Certification						
<b>ORGANIZATIONAL STRUCTURE</b>						
Certificate of Board Status						
Affidavit of Board Low-Income Representation						
Certificate of Low-Income Representation						
Low-Income Input Report						
Religious or Faith Based Organization Certification						
Applicant Current Organization Charts						
<b>FISCAL INFORMATION</b>						
Most Recent Approved Budget (including income and expenses)						
Internal Revenue Service Form 990 - Current Tax Year						
Audited Financial Statement or Set of Basic Financial Statements						
<b>OTHER</b>	<b>Attachment Name</b>					
Attachment 1						
Attachment 2						
Attachment 3						
Attachment 4						

# COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO) PROGRAM CERTIFICATION APPLICATION



## Primary Information & Certification

Organization Name			
Mailing Address			
City		Zip Code	
Contact Name			
Contact Title			
Contact Phone Number		Contact Fax Number	
Contact E-Mail Address			
Tax ID Number		Unique Entity ID (UEI)	
Board President Name			
President's Phone Number			
Indicate if the non-profit or parent organization has a CHDO designation in another State.			
	Yes	No	
If "yes" indicate locations			
Indicate if the non-profit has a CHDO designation with another Participating Jurisdiction (PJ).			
	Yes	No	
If "yes" indicate locations			
I certify the submission of this Application has been approved by a 2/3 vote of the Board of Directors.			
<b>Board President Signature</b>	<b>Date</b>		

# COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO) PROGRAM CERTIFICATION APPLICATION



## Authorized Official Certification/Signature

1. The information and statements contained in this Application and any of its Attachments are true and correct;
2. Any information and/or documentation submitted in connection with this Application may be subject to public disclosure;
3. Neither it nor any of its principals are presently debarred, suspended, proposed for debarment or suspension declared ineligible or excluded from participation in the HOME Program by any Federal department or agency;
4. No member, employee, officer, agent, consultant or official of the Applicant or Ownership Entity, nor any member of their immediate family, during his/her tenure or for one year thereafter, shall have any interest, direct or indirect, in any award of HOME funds made pursuant to this Application;
5. Any changes in the facts and information supplied in this Application or in any of its Attachments may result in denial or withdrawal of any HOME funding awarded to this CHDO Designation.

Executed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Full Name of Organization

Printed Name and Title of Highest Authorized Official

(Signature, Organization's Authorized Official - Board Chair/President)

Subscribed and sworn before me on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by,  
\_\_\_\_\_ on behalf of \_\_\_\_\_

Notary Public Name

Notary Public Signature

Commission Expires: \_\_\_\_\_

Notary Seal

# COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO) PROGRAM

## CERTIFICATION APPLICATION



### Certification of Signatures and Address

The Board of \_\_\_\_\_ met on the \_\_\_\_\_ day of the month of \_\_\_\_\_, \_\_\_\_\_ and authorized the below named individuals to sign contracts, amendments, disbursement requests and other documents requiring such signatures as a part of the City of Houston HOME CHDO Designation.

Name & Title - Board President (Printed)	Signature
Name & Title (Printed)	Signature
Name & Title (Printed)	Signature

**In addition, the following individuals have been authorized to serve as the primary and secondary contacts for the organization for matters relating to the City of Houston HOME CHDO Designation.**

Primary Contact		Secondary Contact	
Name		Name	
Title (Highest Operational Officer)		Title	
Phone:		Phone:	
Email:		Email:	

**The address to which all correspondence and payments to the organization shall be sent is listed below:**

Address			
City	State	Zip	

**Changes to authorized signatures, contact persons or address shall be made in writing to the City of Houston Housing and Community Development.**

Signature of Board President	Date
Signature of Secretary	Date

**I hereby certify the foregoing statements and attachments are true and correct.**

By:	Title	Date
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# COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO) PROGRAM CERTIFICATION APPLICATION



## Geographic Designation

**Service Area** Clearly define the geographic service area, City Council District and/or Super Neighborhood. **Attach a Service Area Map** showing the boundaries the Applicant serves. Describe in detail the boundaries of the service area the Applicant serves.

### Check the designated City Council District(s) your organization serves as your specific geographic designation

<input type="checkbox"/>	District A	<input type="checkbox"/>	District G
<input type="checkbox"/>	District B	<input type="checkbox"/>	District H
<input type="checkbox"/>	District C	<input type="checkbox"/>	District I
<input type="checkbox"/>	District D	<input type="checkbox"/>	District J
<input type="checkbox"/>	District E	<input type="checkbox"/>	District K
<input type="checkbox"/>	District F		

### List the Super Neighborhood(s) if the entire City Council District is not covered

<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>

### Check the activities your organization participates in currently

<input type="checkbox"/>	Acquisition/rehabilitation of rental housing
<input type="checkbox"/>	New construction of rental housing
<input type="checkbox"/>	Acquisition/rehabilitation of homebuyer properties
<input type="checkbox"/>	New construction of homebuyer properties
<input type="checkbox"/>	Direct financial assistance (i.e. down payment and closing costs) to purchasers of HOME-assisted homebuyer housing owned, sponsored, or developed by a CHDO with HOME funds
<input type="checkbox"/>	Ownership of rental housing developed with HOME assistance.

### Check the CHDO-eligible activities your organization plans to undertake as a CHDO

<input type="checkbox"/>	Acquisition/rehabilitation of rental housing
<input type="checkbox"/>	New construction of rental housing
<input type="checkbox"/>	Acquisition/rehabilitation of homebuyer properties
<input type="checkbox"/>	New construction of homebuyer properties
<input type="checkbox"/>	Direct financial assistance (i.e. down payment and closing costs) to purchasers of HOME-assisted homebuyer housing owned, sponsored, or developed by a CHDO with HOME funds
<input type="checkbox"/>	Ownership of rental housing developed with HOME assistance.



# COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO) PROGRAM

## CERTIFICATION APPLICATION



### Legal Status

Include and clearly label each requested Attachment as indicated. Select the item in the appropriate check box. Articles of Incorporation, By-Laws, Charters, Memorandums of Understanding, Contracts, Designations and Resolutions require the signature and date signed by the Board President or other authorized signer.

			HCD Use Only
A	<b>Legal Authorization</b>	The non-profit organization is organized under State and local laws. No part of the non-profit's earnings inure to the benefit of any member, founder, contributor or individual. Provide the following required documents which are signed and dated.	Requirement Met
		<b>Legal Opinion of Non-Profit Status</b> by an attorney or law firm	Yes No
		A <b>Certificate of Fact</b> issued by the Texas Office of the Secretary of State	
		A <b>Franchise Tax Account Status</b> issued by the Texas Comptroller's Office	
			HCD Use Only
B	<b>Organizational Purpose</b>	The non-profit has among its purposes the provision of decent housing that is affordable to low- and moderate-income people. Required as Attachments are the following documents	Requirement Met
		<b>Charter</b>	Yes No
		<b>Articles of Incorporation</b>	
		<b>By-Laws</b>	
			HCD Use Only
C	<b>501(c) Status</b>	Applicant has a tax exemption ruling from the Internal Revenue Service (IRS) under Section 501(c)(3) or (4) of the Internal Revenue Code of 1986. If the answer is " <b>no</b> " your organization does not qualify for CHDO Designation. If " <b>yes</b> " please provide a complete copy of one of the following:	Requirement Met
		<b>501(c)(3) Certificate letter from the IRS</b>	Yes No
		<b>501(c)(4) Certificate letter from the IRS</b>	
			HCD Use Only
D	<b>Meetings</b>	The Board is required to have at least quarterly meetings, and such meetings must be held within the defined service area at a time and place that is convenient to residents. Submit copies of the minutes of the Board meeting(s) reflecting each Board member's appointment according to the procedure outlined in the appropriate organizational document (Charter or Certificate of Formation/Articles of Incorporation or Bylaws). As Attachments, please provide the following documents:	Requirement Met
		Board Meeting Minutes for the last 6 months or last 6 meetings	Yes No
		Resolutions/Amendments for the last 6 months or last 6 meetings	

# COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO) PROGRAM CERTIFICATION APPLICATION



Include and clearly label each requested Attachment as indicated. Select the item in the appropriate check box. Articles of Incorporation, By-Laws, Charters, Memorandums of Understanding, Contracts, Designations and Resolutions require the signature and date signed by the Board President or other authorized signer.

			HCD Use Only
<b>E</b>	<b>CHDO Roles</b>	Based on the Code of Federal Regulations (CFR) Section 92.300 check the CHDO roles your organization will pursue	Requirement Met
		<b>Owner of Rental Housing</b> [CFR Section 92.300(a)(2)]	Yes    No
		<b>Developer of Rental Housing</b> [CFR Section 92.300(a)(3)]	
		<b>Sponsor of Rental Housing - CHDO Affiliate will act as Owner</b> [CFR Section 92.300(a)(4)]	
		<b>Sponsor of Rental Housing - CHDO Affiliate will act as Developer</b> [CFR Section 92.300(a)(4)]	
		<b>Sponsor of Rental Housing - Turnkey Sponsor</b> [CFR Section 92.300(a)(5)]	
		<b>Homeownership Developer</b> [CFR Section 92.300(a)(6)]	
<b>F</b>	<b>CHDO Activities</b>	The Applicant proposes the following activities to serve as the organization's main objective(s) in requesting CHDO designation (check all that apply).	Requirement Met
		Acquisition/rehabilitation of rental housing	Yes    No
		New construction of rental housing	
		Acquisition/rehabilitation of homebuyer properties	
		New construction of homebuyer properties	
		Direct financial assistance (i.e. down payment and closing costs) to purchasers of HOME-assisted homebuyer housing owned, sponsored, or developed by a CHDO with the HOME funds.	

# COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO) PROGRAM CERTIFICATION APPLICATION



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

City of Houston  
Housing and Community Development  
2100 Travis Street, 9th Floor  
Houston, Texas 77002  
RE:

Ladies and Gentlemen,

\_\_\_\_\_ is a Community Housing Development Organization (CHDO) within the meaning in Title 24 of the Code of Federal Regulations (CFR) Subpart A, §92.2. We understand that you require this opinion as a prerequisite to your consideration of a CHDO Certification.

In rendering our opinion, we have reviewed the Certificate of Formation, Articles of Incorporation and Bylaws of \_\_\_\_\_ as well as the Letter of Determination dated from the Internal Revenue Service. We have also examined the records of \_\_\_\_\_ to determine whether or not there exists an identity of interest between \_\_\_\_\_ and any for-profit sponsors.

Based upon our review of the foregoing, it is our opinion:

1. \_\_\_\_\_ is neither controlled by, nor under the direction of, individuals or entities seeking to derive profit or gain from the organization. [Provide the basis for that opinion]
2. \_\_\_\_\_ is an organization described in paragraph (3) or (4) of section 501(c) and is exempt from tax under section 501(a) of the Internal Revenue Code.
3. \_\_\_\_\_ is an organization which specifically has the fostering of low-income housing as one of its tax-exempt purposes.
4. No part of \_\_\_\_\_ net earnings inure to the benefit of any member, founder, contributor, or individual.

It is our intention this opinion be relied upon by you in making your determination as to the eligibility of the applicant as a CHDO.

Sincerely,

\_\_\_\_\_

# COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO) PROGRAM CERTIFICATION APPLICATION



## Capacity

All requested information in each Attachment is required. Articles of Incorporation, By-Laws, Charters, Memorandums of Understanding, Contracts, Designations and Resolutions must be signed and dated by the Board President or other authorized signer.

			HCD Use Only
A	<b>Financial Management</b>	The applicant is required to conform to the financial accountability standards of 2 CFR 200.302-.303, "Standards for Financial Management Systems.	Requirement Met Yes No
		<b>Affidavit of Standards for Financial Management Systems;</b> complete, notarize and attach.	
		<b>Past &amp; Current Development Performance.</b> Complete for any project listed provide financial statements to support the stated cash flow position	
		<b>Fiscal Soundness is required. Note:</b> The organization's <b>IRS Form 990</b> and <b>Certified Public Accountant</b> Audit or a set of <b>Basic Financial Statements</b> are required.	
			HCD Use Only
B	<b>Current &amp; Past Community Performance</b>	Document the non-profit or its parent organization has a history of serving the community where housing to be assisted with HOME funds will be located. Check the appropriate check box below. Provide documentation to support the selection, and label the report as <b>Community Experience Report</b> .	Requirement Met Yes No
		A statement signed by the Board President which details and documents at least one year of experience demonstrated a lasting benefit in serving each community for which CHDO Designation is sought. This must be supported by any of the following: agreements, contracts, minutes of meetings, flyers, advertisements or notices of activities within the service area.	
		For newly created organizations formed by local churches, service or community organizations, a statement signed by the Board President which details and documents its parent organization has at least one year of experience in serving each community for which CHDO Designation is sought. This report statement must be supported with any of the following: agreements, contracts, minutes of meetings, flyers, advertisements or notices of activities within the service area.	

# COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO) PROGRAM CERTIFICATION APPLICATION



			HCD Use Only
<b>C</b>	<b>Staffing</b>	The applicant is required to demonstrate capacity for carrying out activities assisted with HOME funds.	Requirement Met Yes    No
		<b>Applicant Organization Paid Staff and Capacity are required.</b> Complete and provide for each employee who contributes to the capacity requirement of the Applicant organization. Please indicate if the person serves as a regular employee or contractor.	
		<b>Individual Capacity Checklist is required</b> for each paid staff (employee).The signature of each staff employee is required.	
		<b>Consultant Experience Certification</b> is required for each consultant or contracted employee. Consultants can only be considered for meeting the capacity requirement for a first-time CHDO, not for any CHDO previously funded.	
		Resumes and/or statements which describe the experience of key staff members who have successfully completed similar projects to be assisted with HOME funds are attached. <b>Check the box on the left if this statement is true.</b>	
		Contract(s) with consulting firms or individuals who have housing experience similar to projects to be assisted with HOME funds to train appropriate key staff of the organization are included. Contracts include a training plan and activities to be accomplished. <b>If the statements are true, select the appropriate box to the left.</b>	

# COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO) PROGRAM CERTIFICATION APPLICATION



## Affidavit of Standards for Financial Management Systems

Date:		Recipient:	
Affiant:		(Insert exact legal name of the organization)	

**Affiant on oath swears the following statements are true and are within the personal knowledge of Affiant.**

1. Affiant is the Chief Financial Officer or President/Executive Director of the organization or Certified Public Accountant of the Recipient and is authorized to make this affidavit on behalf of Recipient.
2. Recipients' financial management systems conform to the financial accountability standards set forth in 2 CFR 200.302-.303, by providing for and incorporating the following.
  - a. Accurate, current and complete disclosure of the financial results of each federally-sponsored project;
  - b. Records which identify the source and Application of funds for federally-sponsored activities. These records contain information pertaining to Federal awards, authorizations, obligations, unobligated balances, assets, outlays, income and interest;
  - c. Control over and accountability for all funds, property and other assets; adequate safeguards of all such assets shall be adopted to assure that all assets are used solely for authorized purposes;
  - d. Comparison of outlays with budget amounts for each award;
  - e. Written procedures to minimize the time elapsing between the receipt of funds and the issuance or redemption of checks for program purposes by the recipient;
  - f. Written procedures for determining the reasonableness, allocability and allowability of costs in accordance with the provisions of Federal cost principles [OMB Uniform Guidance at 2 CFR part 200] and the terms and conditions of the award; and
  - g. Accounting records, including cost-accounting records that are supported by source documentation.

Affiant		Title	
---------	--	-------	--

Subscribed and sworn before me on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_  
 \_\_\_\_\_ On behalf of \_\_\_\_\_

Notary Public Name:		Notary Seal
Notary Public Signature:		
Commission Expires:		

# COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO) PROGRAM CERTIFICATION APPLICATION



## Past & Current Development Performance

For each project undertaken by the Applicant within the past 5 years, please provide the requested information.

Project Name	Address	City	State	Zip	Construction Type	Activity Type	Gov't Assisted	Sources of Funds	Project Completion Date	Organization Role

\*Provide financials to support Cash Flow position.

# COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO) PROGRAM CERTIFICATION APPLICATION



## Fiscal Soundness

**Complete the following table indicating all sources of funding currently utilized within the organization.**

Funding Source	Amount	Use of Funds (Operating, Construction, etc.)	Funding Cycle (One-Time, Annual, etc.)	Duration (How Long Received)





## Applicant Organization Paid Staff and Capacity

- List the name and title of each employee who contributes to the CHDO capacity requirement for the Applicant organization. Attach a copy of each employee’s W-2 or W-4.
- List the name of each independent contractor whose experience you want to count toward the CHDO capacity requirement. In the “Title” column, indicate their title, and years working as a contractor. In the “IRS Status” Column, indicate either W-9 or 1099. Attach a copy of each individual’s W-9 or 1099.
- For each paid employee and independent contractor listed in the table below, a completed Individual Capacity Checklist form is required.

Name	Title	IRS Status W-2, W-4, W-9*, 1099*

\*If W-9 or 1099 provide a copy of the contract between the Applicant Organization and the employee.

# COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO) PROGRAM CERTIFICATION APPLICATION



## Individual Staff (Employee) Capacity Checklist

Name:				
Address:				
	Street	City	State	Zip

- For the individual listed above indicate what experience they have by checking all that apply:
  - Homeownership Development
  - Real Estate Management
  - Rental Development
  - Other Relevant Experience
  - Rehabilitation
- For each check mark entered above, attach a resume which details the relevant experience.
- For the individual listed above, provide a current list of all projects on which the person is currently working on, even if for another organization.

Name of Entity	Project	Role	Percent of Time

I certify the information provided above is accurate.

Signature

Date

# COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO) PROGRAM CERTIFICATION APPLICATION



## Consultant Experience Certification

Please attach signed copies for each consultant whose experience should be considered for meeting the Experience/Capacity requirement, attach one copy for each project. If the contractor will be used to meet this requirement, provide copies of contracts and resumés or curricula vitae. **NOTE:** Consultants can only be considered for meeting the capacity requirement for a first-time CHDO, not for any CHDO previously funded.

Consultant Name				
Address				
		City	State	Zip
Phone	Email			
Project Name		Project Location		
Project Type		Population Served		
Date of Occupancy		Units		
Sources of Funds		Sources of Funds		
Sources of Funds		Sources of Funds		
Sources of Funds		Sources of Funds		
Description of Staff/ Consultant Role in Project				

### Project References

Name				
Address				
City				
State				
Zip				

Name				
Address				
City				
State				
Zip				

I certify the information provided above is accurate and give my consent to contact references listed.

Signature

Date

# COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO) PROGRAM CERTIFICATION APPLICATION



## Organizational Structure

			HCD Use Only
A	<b>Board Representation</b>	<b>Certification of Board Status is required with the Board President's signature and dated.</b> The current governing Board of the Applicant's organization is required to meet the following 6 criteria. For each statement below that is TRUE, please check the box on the left.	Requirement Met Yes No
	<b>Board Size</b>	The Board has at least three (3) members. In Texas, the Board is required to have at least one president and one secretary. The same person cannot be both the president and secretary.	
	<b>Target Area Representation.</b>	At least thirty percent (30%) of the Board are residents of the community served by the Applicant.	
	<b>Board Members Not An Employee.</b>	No member of the Board may be employees of the CHDO or its creating organization.	
	<b>Physical Location.</b>	The CHDO maintains a staffed, physical office in the proposed service area that is open for business, and accessible by potential program applicants during generally-accepted customary business hours.	
	<b>Board Structure.</b>	The Applicant's governing board has at least 1/3 of its membership from residents of low-income neighborhoods, other low-income community residents, or elected representatives of low income neighborhood organizations.	
	<b>Public Official.</b>	No more than 1/3 of the governing Board members are public officials. This includes employees of the Participating Jurisdiction, state recipients, elected officials, appointed public officials, and individuals appointed by public official. Public officials who themselves are low-income residents or representatives do not count toward the 1/3 minimum requirement of community representatives.	
			HCD Use Only
B	<b>Low-Income Input</b>	Please complete and attach Affidavit of Board Low-Income Representation which certifies each Board Member who completes the Certification of Low-Income Representative meets one of the low-income representative criteria.	Requirement Met
	The Applicant is required to provide a written formal process for low-income program beneficiaries to advise the organization in all of its decisions regarding the design, location, development, and management of all HOME-assisted affordable housing projects. Low-Income Input Report is required; state the activities in your geographic designated service area over the past year. Include documentation such as: adopted resolutions, policies, charrettes, surveys, community participation, public hearings, flyers and media.		Yes No

# COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO) PROGRAM CERTIFICATION APPLICATION



		HCD Use Only
<b>C</b>	<p><b>Religious Organization Sponsors.</b> Religious organizations cannot qualify as CHDOs but they may sponsor the creation of fully secular nonprofits (see 24 CFR Part 92.257). The nonprofit may develop, sponsor or own HOME funded housing only if it is explicitly used for secular purposes. Documentation is required as evidenced by Religious or Faith Based Organization Certification.</p>	Requirement Met Yes    No
		HCD Use Only
<b>D</b>	<p><b>Applicant Current Organization Charts.</b> Include diagrams which shows the structure of the Applicant's current organization on the date of the CHDO Application as Organization Charts. Please include all formal relationships and linkage of the Applicant such as internal leadership, sponsorship roles, limited liability companies (LLC), limited partnerships, and limited liability partnerships.</p>	Requirement Met Yes    No

**COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO) PROGRAM**  
 CERTIFICATION APPLICATION



**Certification of Board Status**

Applicants are required to complete the following Certification of Board Status. List only current or approved Board members. Do not list prospective Board members who have not been approved to join the Board.

Board Member Name	Residential Address	City	State	Zip	Representation Status	Date Appointed to Board	Term Expiration	Occupation Place of Employment

I certify the above listing of current, participating Board members is accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO) PROGRAM CERTIFICATION APPLICATION



## Affidavit of Board Low-Income Representation

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ I, \_\_\_\_\_ hereby certify the individuals identified in the attached exhibits are either (a) residents of a low-income neighborhood, (b) a low-income community resident, or (c) an elected representative of a low-income neighborhood organization. "Low-income" is defined as households whose annual income does not exceed 80 percent of the median income for the area, as determined by HUD with adjustments for smaller and larger families.

I certify the above statement is true and correct. I understand any misstatement or falsification of information shall be grounds for denial or revocation of CHDO Designation status.

Affiant		Title	
Subscribed and sworn before me on the ____ day of _____, _____, by _____ On behalf of _____			
Notary Public Name:			Notary Seal
Notary Public Signature:			
Commission Expires:			

# COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO) PROGRAM CERTIFICATION APPLICATION



## Certification of Low-Income Representative

Each Board member representing the interests of low-income families in the Applicant's target community is required to complete this Certification.

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

I certify I am a current member in good standing of the governing Board for \_\_\_\_\_

and I represent the interests of low-income families in the Applicant's target community. For the purposes of 24 CFR Part 92 (HOME Investment Partnerships Program) a person who does not serve as a "public official" in any elected or appointed capacity, and who meets any of the following characteristics is recognized as representing the low-income community.

Please check and complete at least one of the following:

I am a resident of \_\_\_\_\_, the Applicant's target community where at least 51 percent of the residents are low-income. (Note: This resident does not have to be low-income.)

I am a low-income resident of the \_\_\_\_\_, neighborhood, the Applicant's target community. My household has an income at or below the 80% of the median household income for the area in which I live, according to my most recent IRS Tax Return.

I was elected as a representative of \_\_\_\_\_, a low-income neighborhood organization within \_\_\_\_\_, the Applicant's target community to serve on the CHDO Board.

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 governing board of the Applicant Organization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date