



Louisiana Housing
Corporation

**Community Housing Development Organization
(CHDO)**

Application for Designation

Louisiana Housing Corporation
2415 Quail Drive
Baton Rouge, LA 70808
(225) 763.8700

Version February, 2019



Louisiana Housing Corporation

A Community Housing Development Organization (CHDO) is a private, non-profit, community-based service organization that has obtained staff with the capacity to develop affordable housing in the community it serves.

The following application details the requirements that non-profit corporations must satisfy in order to be designated as a CHDO by the Louisiana Housing Corporation (LHC).

Please fully complete the application and supply all requested documentation. ***An incomplete application package will significantly delay the consideration of your application. Double click appropriate check boxes and click default checked.***

We are here to help if you have any questions in completing the application. Please do not hesitate to contact Desiree Armstead at (225) 763.8683 for assistance.

We look forward to receiving your application!

Please submit one (1) Original unbound Designation Application with all supporting documents and one (1) thumb drive with the complete Original Designation Application with all supporting documents to:

Desiree Armstead
CHDO Coordinator
Louisiana Housing Corporation
2145 Quail Drive
Baton Rouge, Louisiana 70808



Application for CHDO Certification

Organization Name:	Tax ID
Number: Mailing Address (include physical address if different from mailing address):	
Contact Name / Title:	Organization President/CEO/Executive Director Name & Title:
Contact Phone Number and E-mail Address:	President/CEO/Executive Director Phone Number & E-mail Address:
Board President Name:	Board President Phone Number and E-mail Address:
PLEASE DESCRIBE THE CHDO-ELIGIBLE ACTIVITIES YOUR ORGANIZATION PLANS TO UNDERTAKE AS A CHDO:	
LIST EACH GEOGRAPHIC AREA TO BE CONSIDER FOR CHDO CERTIFICATION:	
Locality	Locality
1.	4.
2.	5.
3.	6.

I certify that the submission of this application has been approved by a two-thirds vote of the Board of Directors.

Board President Signature:

Date:



Application for CHDO Designation Designation Checklist

Please insure that you complete the applicant portion of this checklist. Include the requested information in the attachments indicated. ***Articles of Incorporation, By-Laws, Charters, memorandums of Understanding, Contracts, Certifications and Resolutions should be signed and dated by the Board President or other Authorized Signor, Highlighted documents, etc.***

LEGAL STATUS:

The nonprofit organization is organized under State or local laws. **As Attachment A**, please provide a signed and dated copy of:

- ☐ Articles of Incorporation
- ☐ A Charter

As Attachment A-1, Please provide a Certificate of Good Standing from the Louisiana 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.

Date of incorporation: _____.

Indication on Certificate of Incorporation that the non-profit is domiciled in Louisiana.

LHC Use Only:

Requirement Met. ☐ Yes or ☐ No

No part of its net earnings inure to the benefit of any member, founder, contributor, or individual. **As Attachment B**, please provide and highlight the appropriate area in the following document:

- ☐ Articles of Incorporation
- ☐ Charter
- ☐ Bylaws

LHC Use Only:

Requirement Met. ☐ Yes or ☐ No

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 Attachment C**, please provide complete copy of:

- ☐ A 501 (c) Certificate from the IRS
- ☐ Letter of conditional designation from the IRS

LHC Use Only:

Requirement Met. ☐ Yes or ☐ No

Has among its purposes the provision of decent housing that is affordable to low- and moderate-income people. **As Attachment D**, please provide and highlight the appropriate area in one of the following documents.

- ☐ Articles of Incorporation
- ☐ A Charter
- ☐ By-Laws
- ☐ Resolutions

LHC Use Only:

Requirement Met. ☐ Yes or ☐ No

Conforms to the financial accountability stands of Attachment F of OMB Circular A-110, "Standards for Financial management Systems".

- ☐ **Attachment E**, Complete, notarize Affidavit of Standards of Financial Management Systems
- ☐ **Attachment E-1**, Pipeline/Portfolio Risk
- ☐ **Attachment E-2**, Fiscal Soundness

LHC Use Only:

Requirement Met. ☐ Yes or ☐ No

CAPACITY & EXPERIENCE

Has a demonstrated capacity for carrying out activities assisted with HOME funds. Please provide the following:

- ☐ **Attachment F**, 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.
- ☐ **Attachment F-1**, Employee Contracts for all paid Staff
- ☐ **Attachment F-2**, Organizational Structure: Please provide an organizational chart
- ☐ **Attachment F-3**, Paid Staff: Please complete the Paid staff Table for each paid employee and consultant
- ☐ **Attachment F-4**, Individual Capacity Ownership Role: Please complete for each paid staff employee and consultant
- ☐ **Attachment F-5**, Individual Capacity Development Role: Please complete for each paid staff employee and consultant
- ☐ **Attachment F-6**, Experience Certification: Please complete for each staff and consultant
- ☐ **Attachment F-7**, Summary of Housing Experience: Please complete the form, sign and dated by Board President

***Forms are attached**

LHC Use Only:

Requirement Met. ☐ Yes or ☐ No

A CHDO has a history of serving the community (ies) where housing to be assisted with HOME funds will be produced.

Attachment G, provide one of the following:

- ☐ Statement signed by the board President that detail at least one year of experience in serving each community of which Designation is sought. This must be supported by agreements, contracts, minutes of meetings, flyers, advertisements or notices of activities within the service area.

-or-

- ☐ For newly created organizations formed by local churches, service or community organizations, a statement signed by the Board President that details its parent organization has at least one year of experience in serving each community for which Designation is sought. This must be supported by agreements, contracts, minutes of meetings, flyers, advertisements or notices of activities within the service area.

LHC Use Only:

Requirement Met. ☐ Yes or ☐ No

ORGANIZATIONAL STRUCTURE

Maintains at least one-third of its governing board's membership for residents of low-income neighborhoods, other low-income community residents, or elected representatives of low-income neighborhood organizations.

As Attachment H, highlight the relevant text in one of the following:

- ☐ Articles of Incorporation
- ☐ A Charter
- ☐ By-Laws

Board Size: The Board must have at least six (6) members.

Target Representation: At least seventy percent 97% of the Board must be residents of the Parish or Parishes served by the CHDO.

Not an Employee: No member of the Board may be an employee of the CHDO or its created organization.

Physical Location: The CHDO must maintain a staffed physical office in the proposed service area that is open for business and accessibility by potential program applicants during generally accepted business hours.

LHC Use Only: Requirement Met.

☐ Yes or ☐ No

Provides a formal process for low-income, program beneficiaries to advise the organization in all of its decisions regarding the design, siting, development, and management of all HOME-assisted affordable housing projects.

As Attachment I, highlight the relevant text in one of the following:

- ☐ By-Laws
- ☐ Resolutions
- ☐ A written statement of operating procedures approved and signed by the governing body.

LHC Use Only:

Requirement Met. ☐ Yes or ☐ No

A state or local government may charter a CHDO, however, the state or local government may not appoint:

- More than one-third of the membership of the organizations governing body;
- the board members appointed by the State or local government in turn, may not appoint

the remaining two-thirds of the board members; and
-no more than one-third of the governing board members are public officials

As Attachment J, highlight the relevant text in one of the following, which describes the process for selecting the remaining two-thirds of the board members:

- ☐ By-Laws
- ☐ Resolutions
- ☐ A written statement of operating procedures approved and signed by the governing body.

LHC Use Only:

Requirement Met. ☐ Yes or ☐ No

Is the CHDO sponsored or created by another entity?

☐ Yes or ☐ No

If yes, the other entity(for profit or non-profit) may not appoint more than one-third of the membership of the CHDO's board and the board members appointed by the for-profit entity may not in turn, appoint the remaining two thirds of the board members.

As Attachment K, highlight the relevant text in one of the following, which describes the process for selecting the remaining two-thirds of the board members:

- ☐ Articles of Incorporation
- ☐ A Charter
- ☐ By-Laws

LHC Use Only:

Requirement Met. ☐ Yes or ☐ No

RELATIONSHIP WITH FOR OTHER ENTITIES

Does the CHDO have a relationship with another entity?

☐ Yes or ☐ No

If yes, the CHDO cannot be controlled by, nor receive directions from, individuals or entities seeking profit from the organization. **As Attachment L**, highlight the relevant text and provide one of the following:

- ☐ The organization's By-Laws
- ☐ A Memorandum of Understanding (MOU).

LHC Use Only:
Requirement Met. ☐ Yes or ☐ No

Is the CHDO sponsored or created by another entity?

☐ Yes or ☐ No

If yes, A CHDO may be sponsored or created by another entity, however:

-the other entity's primary purpose does not include the development or management of housing. As **Attachment M**, provide:

☐ The other organization's By-Laws, AND;

-The CHDO is free to contract for goods and services from vendor(s) of its own choosing. as Attachment **M-1** highlight relevant text in the following:

- ☐ Articles of Incorporation
- ☐ A Charter
- ☐ By-Laws

LHC Use Only:
Requirement Met. ☐ Yes or ☐ No

HOUSING AS A PRIMARY PURPOSE

Designation is available only to organizations whose primary purpose is to provide and develop affordable housing. Please provide a copy of the following:

- ☐ **Attachment N**, Copy of current fiscal year's full operating budget categorized by Program.
- ☐ **Attachment N-1**, Description of current and planned affordable housing activities.

LHC Use Only:
Requirement Met. ☐ Yes or ☐ No

HOUSING AS A PRIMARY PURPOSE

The Board and its low-income representatives must certify that it meets the low-income requirements.

- ☐ **Attachment O**, Certification of Board Status
- ☐ **Attachment O-1**, Certification of Low Income Representation
- ☐ **Attachment O-2**, Affidavit of Board Representation

***Forms Attached**

LHC Use Only:

Requirement Met. ☐ Yes or ☐ No

- ☐ Do board members have professional skills directly relevant to housing development (E.g. real estate, legal, architecture, finance, management)? If so, as **Attachment P**, Attach written documentation of each board member's profession and relative experience.

LHC Use Only:

Requirement Met. ☐ Yes or ☐ No

ADDITIONAL DOCUMENTS:

- ☐ Please provide a complete copy of your organizations By-Laws.
- ☐ Please provide a complete copy of your organizations Articles of Incorporation.
- ☐ Please provide a copy of your organizations 3-Year Business Plan.
- ☐ Please provide a copy of your organizations Audited Financials (current and previous year). If organization is not required to have an Audit please provide a copy of organizations 990.

FOR LHC USE ONLY:

☐ Approved or ☐ Disapproved

CHDO Coordinator Signature: _____

Date: _____



Louisiana Housing Corporation

CHDO Capacity Assessment (Attach to Application for CHDO Certification)

CHDO Applicant: _____

Completed by: _____ Date: _____
(name and title)

Please provide **detailed** answers to the following questions regarding your organization's capacity to act in the role of a CHDO developer and to administer CHDO set-aside funds. Your responses to this assessment will be used in conjunction with the CHDO Certification Application to evaluate your organization's readiness and capacity to be a CHDO and will assist in LHC's determination to award the CHDO designation.

Organizational Status

1. Can your organization provide a Certificate of Good Standing from the Louisiana Secretary of State's Office? If yes, please attach.
2. Has your organization produced a strategic plan that specifies an action plan for housing development? If yes, please attach.

Board of Directors

3. Has there been stability and continuity in the members of your organization's board of directors over the last several years? Please explain.
4. Does the board have a committee structure or other means of overseeing planning and development? Please describe.
5. Describe the professional skills of the board members that are directly relevant to housing development (e.g., real estate, legal, architecture, finance, management).

6. Describe the relationship between the board of directors and the staff of your organization. Do the board and staff have shared goals?

Identity of Interest

7. Are there any identity of interest issues between your organization and any of the contractors, consultants or other professional service providers that are used for development activities that might constitute a real or perceived conflict of interest? Please explain.

Relationship/Service to the Community

8. Are the current housing development plans of your organization based on an in-depth comprehension of current housing conditions, housing needs and market demand? Has your organization done any analysis of the local housing market and the housing needs of low-income households? Please describe.
9. How strong are the current reputation of your organization and the relationships with the communities it serves?
10. To what extent does NIMBY (not in my back yard) opposition exist to low-income housing in your organization's service area? What mechanisms are utilized to negotiate with the community and potential opponents?
11. Does your organization have strong, favorable relationships with the local governments in your service area? How strongly do local governments and elected officials support your housing activities?

Financial Management

12. Does your organization undertake annual budgeting of operational and project/program activities? Are budget versus actual income and expenses tracked and reported? Please explain.
13. Does your organization maintain controls over expenditures? How regularly are cash flow problems experienced?
14. Describe the internal controls your organization has in place to ensure separation of duties and safeguarding of assets.

15. Describe your organization's conflict of interest policy governing employees and board members regarding project development activities, particularly in procurement of contract services and the provision of housing assistance.
16. Explain the types and amounts of insurance carried by your organization (as applicable) for each of the following: liability, fidelity bond, workers compensation and property hazard.
17. Does your organization have a diversified and stable funding base for its operations? Do you have an established fundraising program for capital and operational needs? Please describe.
18. Does your organization have funds set aside for meeting the capital advance and/or pre-development needs of project development? Please describe the source and amount of funds available for capital advancement.
19. Are sufficient liquid assets available to cover your organization's current expenses? What portion of your organization's assets is liquid?
20. Describe the strength of your organization's relationships with other housing funders and lenders.

Development Capacity

21. Describe the skills of key housing staff in the following areas:
 - ☐ Market analysis
 - ☐ Legal/financial aspects of housing development
 - ☐ Management of real estate development
 - ☐ Oversight of design and construction management
 - ☐ Marketing and client intake
 - ☐ Property management (if proposing rental activities)
22. Does your organization utilize the services of qualified consultants or other partners in your housing developments? Describe the training these third parties provide to your staff and board members to build their capacity.

AFFIDAVIT OF STANDARDS FOR FINANCIAL MANAGEMENT SYSTEMS

Attachment E

Date _____

Affiant: _____

Recipient: _____

(Insert exact legal name of the organization)

Affiant on oath swears that 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 (CPA) 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 24 CFR 84.21, 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;
 - d. 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;
 - e. Written procedures for determining the reasonableness, allocability and allowability of costs in accordance with the provisions of Federal cost principles [Circular A-122] and the terms and conditions of the award; and
 - f. 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: _____

Commission Expires: _____

Number: _____

Notary Seal:

**Pipeline/Portfolio Risk for Past and Present
Development Performance**

Attachment E-1

For each project undertaken by the CHDO please fill in the following table.

Project Name	Address	City	State	Zip	Construction Type	Activity Type	LHC Assisted	Project Start Date	Project Completion Date	Cash Flow

**Provide financials to support Cash Flow position.*

Fiscal Soundness

Fill in the following table indicating all sources of funding currently on hand at the CHDO

Attachment E-2

[illegible]

CHDO PAID STAFFING AND CAPACITY

For each paid staff of the CHDO provide their name and title on the following table

Attachment F-3

1. List the name and title of all staff that work for the CHDO
2. For each person listed provide a W-2 or W-4
3. List the name of any contracted employee whose experience you wish to count toward the CHDO
4. For each person listed provide a copy of their contract, W-9 or 1099.
5. For each person listed please complete the form **INDIVIDUAL CAPACITY**
6. For each person listed provide Employee Contract Agreement
7. For each person provide a job description

Employee Name	Job Title	W-2, W-4 , W-9 1 0 9 9	Source of Funding	Resume/ Contract

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



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Staff Name: _____

CHDO Name: _____

Attachment F-4

Individual Capacity Ownership Role:

*Please check all boxes that are relevant to your experience.
(Each staff person should complete One (1) form)*

Managing Rental Housing

- ☐ Developing Marketing
- ☐ Plan/Strategy Oversight of leasing of units
- ☐ Determination of rents
- ☐ Oversight of rent collection
- ☐ Oversight in the development of a Capital Needs Assessment
- ☐ Oversight of building maintenance
- ☐ Oversight of grounds maintenance
- ☐ Oversight of bookkeeping
- ☐ Oversight in the payment of project expenses
- ☐ Hiring of necessary Operational, Administrative and Maintenance staff
- ☐ Ensuring compliance with any requirements of private lenders or partners
- ☐ Ensuring compliance with federal requirements
- ☐ Maintenance of financial records for annual audit
- ☐ Acting as liaison between contractors and LHC or other governmental units
- ☐ Filing governmental reports
- ☐ Oversight of Annual Audit

Staff Signature: _____

Date: _____



Louisiana Housing Corporation

Staff Name: _____

CHDO Name: _____

Attachment F-5

Individual Capacity Development Role:

*Please check all boxes that are relevant to your experience.
(Each staff person should complete One (1) form)*

Capacity Skills in the Development of Affordable Housing

1. ☐ Need Assessment
2. ☐ Identification of potential sites
3. Site Analysis
 - ☐ Location
 - ☐ Feasibility
 - ☐ Environmental
4. Preliminary Site Assembly
 - ☐ Purchase Options
 - ☐ Title Clearance
5. Assembly of Development Team
 - ☐ Selection of Architect
 - ☐ Selection of Builder
 - ☐ Selection of an Accountant
 - ☐ Selection of an Attorney
 - ☐ Hiring property manager/Company
6. Preparation of Financial models
 - ☐ Cost to develop
 - ☐ Maximum private loan
 - ☐ Financing gap
 - ☐ Potential income
 - ☐ Potential expenses
 - ☐ Net Revenue
 - ☐ Assembly of Private Financing
 - ☐ Determination of Financing Gap
 - ☐ Application for Gap financing (LHC, OCD Local PJ, Other local government)
 - ☐ Compliance with government regulations (Davis-Bacon, ER, etc.)

7. Construction oversight

- ☐ Reviewing work of contractor
- ☐ Monitoring budgets
- ☐ Assembling documentation of costs
- ☐ Filing reports

8. Project close-out oversight

- ☐ Engaging accountant for cost certification
- ☐ Filing completion reports

Staff Signature: _____

Date: _____

EXPERIENCE CERTIFICATION

Attachment F-6

Please attach signed copies for each staff or consultant whose experience should be considered for meeting the Experience/Capacity requirement. Attach one copy for each project. If Contractor and Staff will be used to meet this requirement, provide copies of contracts, resume' or curricula vitae and staff resumes'.

Staff /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 that the information provided above is accurate and give my consent to contact references listed.

Signature

Date

Summary of Housing Development
Experience

Attachment F-7

Project Name	Address	City	State	Zip	Parish	# of Units	Name of Project Owner	Construction Type	Date of Completion	Funding Source MUST SPECIFY	Organization's Role MUST SPECIFY	Role of Key Staff Members or Consultants MUST SPECIFY

Board President Signature

Date

Attachment O - BOARD MEMBER REQUIREMENTS

Org Name Here:

BOARD MEMBER INFORMATION:

PLEASE CHECK THE APPROPRIATE BOX BELOW:

1	Name:					Elected or appointed Public Official?	Public Employee?	* Low-income resident of the community?	Resident of the low-income neighborhood in service area?	Elected rep of low-income neighborhood organization?	* NOTE: If a low-income resident, provide a signed statement from the individual confirming that their income is below 80% MFI for their family size.	
	Board Position:											
	Address:											
	City											
	State				Yes							Included
	Zip		Phone:		No							N/A
	Place of Employment:				Additional Comment:							
	Position:											
2	Name:					Elected or appointed Public Official?	Public Employee?	* Low-income resident of the community?	Resident of the low-income neighborhood in service area?	Elected rep of low-income neighborhood organization?	* NOTE: If a low-income resident, provide a signed statement from the individual confirming that their income is below 80% MFI for their family size.	
	Board Position:											
	Address:											
	City											
	State				Yes						Included	
	Zip		Phone:		No						N/A	
	Place of Employment:				Additional Comment:							
	Position:											
3	Name:					Elected or appointed Public Official?	Public Employee?	* Low-income resident of the community?	Resident of the low-income neighborhood in service area?	Elected rep of low-income neighborhood organization?	* NOTE: If a low-income resident, provide a signed statement from the individual confirming that their income is below 80% MFI for their family size.	
	Board Position:											
	Address:											
	City											
	State				Yes						Included	
	Zip		Phone:		No						N/A	
	Place of Employment:				Additional Comment:							
	Position:											
4	Name:					Elected or appointed Public Official?	Public Employee?	* Low-income resident of the community?	Resident of the low-income neighborhood in service area?	Elected rep of low-income neighborhood organization?	* NOTE: If a low-income resident, provide a signed statement from the individual confirming that their income is below 80% MFI for their family size.	
	Board Position:											
	Address:											
	City											
	State				Yes						Included	
	Zip		Phone:		No						N/A	
	Place of Employment:				Additional Comment:							
	Position:											

ATTACHMENT O- BOARD MEMBER REQUIREMENTS

Org Name Here:

	BOARD MEMBER INFORMATION:				PLEASE CHECK THE APPROPRIATE BOX BELOW:							
5	Name:					Elected or appointed Public Official?	Public Employee?	* Low-income resident of the community?	Resident of the low- income neighborhood in service area?	Elected rep of low- income neighborhood organization?	* NOTE: If a low-income resident, provide a signed statement from the individual confirming that their income is below 80% MFI for their family size.	
	Board Position:											
	Address:											
	City											
	State				Yes							Included
	Zip		Phone:		No							N/A
	Place of Employment:				Additional Comment:							
	Position:											
6	Name:					Elected or appointed Public Official?	Public Employee?	* Low-income resident of the community?	Resident of the low- income neighborhood in service area?	Elected rep of low- income neighborhood organization?	* NOTE: If a low-income resident, provide a signed statement from the individual confirming that their income is below 80% MFI for their family size.	
	Board Position:											
	Address:											
	City:											
	State:				Yes							Included
	Zip		Phone:		No							N/A
	Place of Employment:				Additional Comment:							
	Position:											
7	Name:					Elected or appointed Public Official?	Public Employee?	* Low-income resident of the community?	Resident of the low- income neighborhood in service area?	Elected rep of low- income neighborhood organization?	* NOTE: If a low-income resident, provide a signed statement from the individual confirming that their income is below 80% MFI for their family size.	
	Board Position:											
	Address:											
	City											
	State				Yes							Included
	Zip		Phone:		No							N/A
	Place of Employment:				Additional Comment:							
	Position:											
8	Name:					Elected or appointed Public Official?	Public Employee?	* Low-income resident of the community?	Resident of the low- income neighborhood in service area?	Elected rep of low- income neighborhood organization?	* NOTE: If a low-income resident, provide a signed statement from the individual confirming that their income is below 80% MFI for their family size.	
	Board Position:											
	Address:											
	City:											
	State:				Yes							Included
	Zip		Phone:		No							N/A
	Place of Employment:				Additional Comment:							
	Position:											

Org Name Here:

PLEASE CHECK THE APPROPRIATE BOX BELOW:

Name:					Elected or appointed Public Official?	Public Employee?	* Low-income resident of the community?	Resident of the low- income neighborhood in service area?	Elected rep of low- income neighborhood organization?	* NOTE: If a low-income resident, provide a signed statement from the individual confirming that their income is below 80% MFI for their family size.	
Board Position:											
Address:											
City:											
State:				Yes							Included
Zip		Phone:		No							N/A
Place of Employment:				Additional Comment:							
Position:											

CHDO BOARD MEMBER		ATTACHMENT O-1
Board Member Name:	Address:	
Name of Organization (prospective CHDO):	Board Term:	
CERTIFICATION OF LOW INCOME REPRESENTATION		
<p>Board members meeting Low Income Representation requirement must complete this certification</p> <p>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:</p> <p><input type="checkbox"/> 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 _____ (name of county) county area median income in the amount of \$_____ (80% AMI limit); OR</p> <p><input type="checkbox"/> 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 _____ (census tract number). The Census tract data <u>must</u> accompany this certification. OR</p> <p><input type="checkbox"/> 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. A signed resolution or signed minutes and election roster from the neighborhood organization naming the individual as its representative on the CHDO's board of directors must be provided.</p>		
<p>Certification: I hereby certify that the above is true and correct as of the date of my signature below. If my status as a Low Income Representative changes at any time during my tenure on the board, I will immediately notify the board chair and executive director in writing and update my certification.</p>		
Board Member Signature:	Date:	
Board President Signature:		

AFFIDAVIT OF BOARD REPRESENTATION

Attachment O-2

On this _____, day of _____, 20_____,
I [insert name], _____, hereby certify that each of the
individuals identified in the attached exhibit are residents of a low income
neighborhood, other low income community residents, or elected representatives of
a low income neighborhood organization. Each is an active member of [insert
organizations name]_____’s Board of Directors.

***“Low income” is defined as households whose annual incomes do not
exceed 80% of the median income for the area, as determined by HUD
with adjustments for smaller and larger families.***

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

Affiant: _____
Title: _____

Subscribed and sworn before me on the _____, day of _____, 20_____
by _____ on behalf of _____.

Notary : _____

My commission expires: _____

Number: _____

Notary Seal:

****LHC will review supporting documentation during monitoring.***



Louisiana Housing
Corporation

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 is 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: and
- (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_____

By: _____
Full Name of Organization:

Printed Name and Title of Authorized Official:

Signature of Organization's authorized Official: