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## **Community Housing Development Organization (CHDO) Manual**

- Application for Designation

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

*Version May, 2017*



## 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 Certification Application 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		LHC Use Only
<b>A</b>	<p>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 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.</p> <p>Date of incorporation: _____</p> <p>Indication on Certificate of Incorporation that the non-profit is domiciled in Louisiana</p>	Requirement Met?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>B</b>	<p>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            _____ By-Laws</p>	Requirement Met?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>C</b>	<p>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></p>	Requirement Met?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

	_____ Letter of conditional designation from the IRS	
<b>LEGAL STATUS</b>		<b>LHC Use Only</b>
<b>D</b>	<p>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:</p> <p>_____ Charter</p> <p>_____ Articles of Incorporation</p> <p>_____ By-laws</p> <p>_____ Resolutions</p>	<p>Requirement Met?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<b>E</b>	<p>Conforms to the financial accountability standards of Attachment F of OMB Circular A-110, "Standards for Financial Management Systems.</p> <p>_____ <b>Attachment E</b>, Complete, notarize Affidavit of Standards of Financial Management Systems</p> <p>_____ <b>E-1</b>, Pipeline/Portfolio Risk</p> <p>_____ <b>E-2</b>. Fiscal Soundness</p> <p><b>*Forms are attached</b></p>	<p>Requirement Met?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<b>CAPACITY/EXPERIENCE</b>		
<b>F</b>	<p>Has a demonstrated capacity for carrying out activities assisted with HOME funds. please provide the following:</p> <p>_____ <b>Attachment F</b>, 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.</p> <p>_____ Employee Contracts for all paid staff</p> <p>_____ <b>F-1, Organizational Structure</b>: Please provide an organizational chart</p> <p>_____ <b>F-2, Paid Staff</b>: Please complete the Paid Staff Table for each paid employee and consultant.</p> <p>_____ <b>F-3, Individual Capacity</b>: Please complete the individual capacity checklist for each paid staff and consultant</p> <p>_____ <b>F-4, Experience Certification</b>: Please complete for each staff and consultant</p> <p>_____ <b>F-5, Summary of Housing Experience</b>; Please complete the form, sign and dated by Board President</p> <p><b>* Forms are attached</b></p>	<p>Requirement Met?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

[illegible]

ORGANIZATIONAL STRUCTURE			LHC Use Only
J	<p>A CHDO may be chartered by a State or local government, however, the State or local government may not appoint:</p> <p>(1) more than one-third of the membership of the organization's governing body;</p> <p>(2) the board members appointed by the State or local government may not, in turn, appoint the remaining two-thirds of the board members; and</p> <p>(3) no more than one-third of the governing board members are public officials.</p> <p>As <b>Attachment J</b>, highlight relevant text in one of the following which describes the process for selecting the remaining two-thirds of the board members:</p> <p>_____ By-Laws</p> <p>_____ Charter</p> <p>_____ Articles of Incorporation</p>	Requirement Met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
K	<p>Is the CHDO sponsored or created by a another entity?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If yes, the another 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.</p> <p>As <b>Attachment K</b>, highlight the relevant text in one of the following which describes the process for selecting the remaining two-thirds of the board members:</p> <p>_____ By-Laws</p> <p>_____ Charter</p> <p>_____ Articles of Incorporation</p>	Requirement Met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
RELATIONSHIP WITH FOR Other ENTITIES			
L	<p>Does the CHDO have a relationship with a another entity?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If yes, the CHDO cannot be controlled by, nor receive directions from, individuals or entities seeking profit from the organization.</p> <p>As <b>Attachment L</b>, highlight the relevant text and provide one of the following:</p>	Requirement Met?	<input type="checkbox"/> Yes <input type="checkbox"/> No

	_____ The organization's By-laws, <b>-OR-</b>	
	_____ A Memorandum of Understanding (MOU).	

RELATIONSHIP WITH OTHER ENTITIES		LHC Use Only
<b>M</b>	Is the CHDO sponsored or created by another entity?	Requirement Met?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, A CHDO may be sponsored or created by another entity, however:	
	(1) The other entity's primary purpose does not include the development or management of housing. As <b>Attachment M-1</b> provide:	
	_____ The other organization's By-Laws, AND;	
	(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:	
	_____ By-Laws	
	_____ Charter	
	_____ Articles of Incorporation	
	HOUSING AS PRIMARY PURPOSE	
<b>N</b>	Certification is available only to organizations whose primary purpose is to provide and develop affordable housing. Please provide, a copy of the following:	Requirement Met?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	_____ <b>Attachment N</b> Copy of current fiscal year's full operating budget categorized by program, <b>AND</b>	
	_____ <b>N-1</b> Description of current and planned affordable housing activities.	

BOARD CERTIFICATION		LHC Use Only
<b>O</b>	The Board and its low-income representatives must certify that it meets the low-income CHDO requirements. <b>Attachment O</b> , Certification of Low Income Representation <b>O-1</b> Certification of Board Status <b>O-2</b> Affidavit of Board Representation <b>*Forms Attached</b>	Requirement Met? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>P</b>	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.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Additional Documents:**

1. Please provide a complete copy of your organizations By-Laws
2. Please provide a complete copy of your organizations Articles of Incorporation
3. Please provide a copy of your organizations 3-Year Business Plan
4. Please provide a copy of your organizations Audited Financials (current and previous year)

**For LHC Use Only:**


☐ Approved      ☐ Disapproved

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

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





**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;
  - 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 [Circular A-122] 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:** \_\_\_\_\_

**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	
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**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-2

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 1099	Source of Funding	Resume/Contract

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

## INDIVIDUAL CAPACITY CHECKLIST

Attachment F-3

Address \_\_\_\_\_  
Address \_\_\_\_\_

City	State	Zip
------	-------	-----

Zip

☐ Rental Development

3. For the individual listed above provide a current list of all projects (LHC funded or not) on which the person is currently working primary CHDO or not.

[illegible]



## EXPERIENCE CERTIFICATION

### Attachment F-4

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-5*

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

## Certification of Low-Income Representation

Attachment O

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 \_\_\_\_\_ area median income in the amount of \$ \_\_\_\_\_.  
(name of parish) (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 \_\_\_\_\_, \_\_\_\_\_,  
located within \_\_\_\_\_,  
(name of low-income neighborhood organization)  
(name of parish)

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] Certification of  
Board of Directors Attachment O-1**

**SELECT ONLY ONE OF THE FIVE CATEGORIES BELOW FOR EACH  
BOARD MEMBER** *(Appropriate Documentation Must Be Provided)*

	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 (must provide US Census tract data)	Elected Representative of a Low-Income Neighborhood Organization	Public Official, Appointee, or Employee	Private Sector	Term Expiration Date
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

**[CHDO Name]**  
**Board of Directors**  
**Attachment O-1**

**SELECT ONLY ONE OF THE FIVE CATEGORIES BELOW FOR EACH BOARD MEMBER** *(Appropriate Documentation Must Be Provided)*

**Page 2**

	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 (must provide US Census tract data)	Elected Representative of a Low-Income Neighborhood Organization	Public Official, Appointee, or Employee	Private Sector	Term Expiration Date
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	
29.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

30.

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

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

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

## AFFIDAVIT OF BOARD REPRESENTATION

Attachment O-2

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ I, \_\_\_\_\_ hereby  
certify that the individuals identified in the attached exhibit are residents of a low-income

neighborhood, other low-income community resident, or elected representative of a low-income  
neighborhood organization and is an active member of \_\_\_\_\_'s Board of  
Directors. "Low income" is defined as households whose annual incomes do not  
exceed 80 percent 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:** \_\_\_\_\_

**Commission expires:** \_\_\_\_\_

**Number** \_\_\_\_\_

**Notary Seal**

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



## 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:



Staff Name: \_\_\_\_\_

CHDO Name: \_\_\_\_\_

### **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: \_\_\_\_\_





Staff Name: \_\_\_\_\_

CHDO Name: \_\_\_\_\_

## **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: \_\_\_\_\_