



APPLICATION FOR CHDO
Form #CD322 (rev. 1/20)

GENERAL INFORMATION

Organization Legal Name: _____

Chief Executive Officer: _____ Title: _____

CHDO Contact Person: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____ Fax: _____

Federal Tax I.D. Number _____

I. Legal Status

- A. The organization has a tax-exempt ruling from the Internal Revenue Service (IRS), under Section 501(c)(3) of the Internal Revenue Code of 1986. Attach copy of the 501(c)(3) Certificate
 Certificate Attached

- B. The non-profit organization is organized under State or local laws, as evidenced by:
 A Charter, OR
 Articles of Incorporation
Provide a copy of the Charter or Articles of Incorporation.
 Attached

- C. No part of the organization's net earnings (profits) may benefit any member, founder, contributor, or individual, as evidenced by:
 A Charter, OR
 Articles of Incorporation
Provide a copy of the Charter or Articles of Incorporation. Attached

- D. The organization has among its purposes to provide decent housing that is affordable to low and moderate-income persons, as evidenced by a statement in the organization's:
 Charter,
 Articles of Incorporation,
 By-laws, OR,
 Resolutions.
 A HUD approved audit summary.
Provide a copy of the applicable document. Attached

II. Financial Status

- A. Attach a copy of the organization’s most current annual operating budget and bank statement(s).
 Attached
- B. Does the organization continue to have standards of financial accountability conforming to 24CFR 84.21, “Standards for Financial Management Systems”? Please attach a notarized statement by the president or chief financial officer of the organization, or a certification from a Certified Public Accountant.
 YES NO
- C. Does the organization have revenues in **excess** of \$300,000.00? If so, please attach an audit performed by a Certified Public Accountant, along with the most recently filed IRS Form 990.
 YES NO
- D. Does the organization have revenues **less** than \$300,000.00? If so, please attach the organization’s most recently filed IRS Form 990, along with items from either **(1) or (2)**:.
 YES NO
 - 1) A set of Basic Financial Statements, which MUST include the industry equivalent of a “Balance Sheet”, “Statement of Cash Flows”, “Income Statement” and the “Notes to the Financial Statements”. These must have been certified as official financials and evidenced by a copy of the Board minutes showing that they were presented and accepted as official financial statements by the entity’s board or governing body.
 - 2) A compiled set of Basic Financial statements, along with a letter that the compilation was performed in accordance with the American Institute of Certified Public Accountants’ industry standards. The compilation must include the industry’s equivalent of the “Balance Sheet”, “Statement of Cash Flows”, “Income Statement” and the “Notes to the Financial Statements”.

III. Operations

- A. Does the organization have a demonstrated capacity for carrying out activities assisted with HOME funds?
 YES NO *Note: CHDO funds may be used for acquisition and/or rehabilitation of rental housing or homebuyer properties, new construction of rental or homebuyer properties, and direct financial assistance to purchasers of HOME-assisted housing sponsored or developed by a CHDO with HOME funds.*

Please identify paid staff and their roles, and provide a copy of their most recent W-2.

Staff Name	Role
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

- Attach resumes and/or statements that describe the experience of key staff members who have successfully completed projects similar to those to be assisted with HOME funds.
- Employee payroll reports, W-4’s and/or W-2’s attached

- B. To be certified as a CHDO, the organization must be able to demonstrate that it has experience directly related to the development of housing. Newly created organizations that do not have this experience may meet the requirement through contracts with consulting firms or individuals who have successfully completed projects similar to those to be assisted with CHDO funds.
 YES, the organization directly has at least one year of experience in the development of housing. Attach a statement from the Executive Director or Board President that the CHDO does have at least one year of experience.
 NO, the organization does not directly have at least one year of experience in the development of housing but it is sponsored by a parent or other non-profit who does have at least one year of experience. Attach a statement from the Executive Director or Board President that the parent or other non-profit organization has at least one year of experience related to housing development.

NO, the organization does not directly have at least one year of experience in the development of housing but it has contracted with a consulting firm or individual with this experience. The consultant must be under contract, for a maximum of one year, to advise and train key staff of the organization.

- C. Has the organization served the City of Kenosha for a minimum of one year of relative experience? Note: the experience does not need to be directly related to housing development.
- YES (If Yes, provide a copy of community support, written statement of the organization's community activities, Articles of Incorporation, Bylaws, or similar documents.)
- NO, the organization does not have at least one year of experience in the City of Kenosha, but a parent or sponsoring organization has served the City of Kenosha for at least one year. (Provide a copy of the parent or sponsoring organization's Articles of Incorporation, Bylaws, or similar documents.)
- NO, the organization does not have at least one year of experience in the City of Kenosha, but a for-profit sponsoring organization has served the City of Kenosha for at least one year. (Provide a copy of the for-profit sponsoring organization's Articles of Incorporation, Bylaws, or similar documents.) Note: a for-profit sponsor may not be an organization whose primary purpose is the development or management of housing, such as a builder, contractor, developer, or real estate management firm. The for-profit sponsor may not appoint more than one-third of the CHDO's Board. Board members appointed by the for-profit may not appoint the remaining two-thirds of the CHDO Board members. The CHDO must also be free to contract for goods and services from vendors of its own choosing.
- D. What are the boundaries of organization's service? The organization must have a clearly defined geographic service area. The service area can be a single neighborhood, a series of neighborhoods, or the entire City of Kenosha.
- Attach a map or detailed written description of the service area boundaries
- E. What services does the organization intend to perform as a CHDO?
- Acquisition and/or rehabilitation of single family homes
 - Acquisition and/or new construction of single family homes
 - Acquisition and/or rehabilitation of rental units
 - Acquisition and/or new construction of new rental units
 - Homebuyer counseling in conjunction with homebuyer units
 - Down payment and/or closing cost assistance in conjunction with homebuyer units

IV. Other Requirements

- A. Is the organization a religious or faith-based organization?
- YES NO
- If yes, the organization certifies it shall provide no religious instruction or counseling, conduct no religious workshops or services, or engage in no religious proselytizing, and exert no other religious influence on any client or employee of the organization. The organization shall also not discriminate against any person seeking assistance from the organization on the basis of religion and will not limit services or give preference to persons on the basis of religion.
- B. Does the organization provide a formal process for low-income program beneficiaries to advise the organization on design, location of sites, development and management of affordable housing?
- YES NO

V. Organizational Structure

- A. Please list the organization's current board members on the next page. If additional space is needed, please make additional copies of page 3.
- B. Indicate which of the individuals listed on page 3 meet the 1/3 low-to-moderate income representation criteria as required by HUD in 24 CFR Part 92.2 by specifying which of the three types of low/mod criteria they meet. Be sure to maintain documentation of address and income for review by staff during monitoring.

If Board Member is a **Resident of a Low-Income Neighborhood** in the Community, please check the box below the number 1.

If Board Member is a **Low-Income Resident** of the Community, please check the box below number 2.

If Board Member is an **Elected Representative of a Low-Income Neighborhood Organization** in the Community, please check the box below number 3.

	1. Resident of Low-Income Neighborhood	2. Low-Income Resident of the Community	3. Elected Representative of Low-Income Neighborhood Organization
Board Member Name			
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Person completing this form: _____

Name (print): _____

Title: _____