



APPLICATION FOR CHDO RECERTIFICATION
Form #CD323 (rev. 1/20)

GENERAL INFORMATION

Organization Legal Name: _____

Chief Executive Officer: _____ Title: _____

CHDO Contact Person: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____ Fax: _____

Date first designated as a CHDO: _____ Last Recertification Date: _____

I. CHDO Status (check all that apply)

- A. The organization no longer wants to be a certified CHDO. Skip remainder of this form and return to the City of Kenosha, Department of City Development.
- B. The organization wishes to remain active as a certified CHDO. Please fill out the remainder of this form.

II. Financial Status

- A. Attach a copy of the organization’s most current annual operating budget.

III. Legal Status

- A. Has the organization amended its articles of incorporation or by-laws since it was certified as a CHDO?
 YES (If Yes, attach an amended copy) NO
- B. Has the organization revised its tax-exempt status with the IRS since it was certified as a CHDO?
 YES (If Yes, attach a letter from the IRS indicating how the status has changed) NO
- C. Has the organization revised its purpose or mission statement since it was certified as a CHDO?
 YES (If Yes, provide a copy of the by-laws or board resolution as evidence of change) NO

IV. Capacity

- A. 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
- B. 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

C. 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".

D. Does the organization continue to have paid staff to carry out CHDO eligible HOME-assisted projects?

YES (Please identify paid staff and their roles, and provide a copy of their most recent W-2) NO

Staff Name and Role

- 1. _____
- 2. _____
- 3. _____

V. Other Requirements

A. Has the organization changed the boundaries of its service area since it was certified as a CHDO?
 YES (If Yes, attach a map or detailed written description of the service area boundaries) NO

B. Has the organization changed its Tenant Participation Plan since it was certified as a CHDO?
 YES (If Yes, provide a copy of the revised Tenant Participation Plan) NO Not Applicable

C. Does the organization continue to 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

VI. 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. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____
- 13. _____
- 14. _____
- 15. _____

Signature of Person completing this form: _____

Name (print): _____

Title: _____