

**Holyoke-Chicopee-Westfield Consortium  
Holyoke Office for Community Development  
CHDO Recertification Application**

**Organization Name & Address:**

**Contact:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Application Date:** \_\_\_\_\_ **Date of Last Certification:** \_\_\_\_\_

**CHDO Certifications run July 1st to June 30. If you are NOT an existing CHDO, please use the CHDO Application Form.**

**I. CHDO Status (check one)**

- A. The organization no longer wants to be a certified CHDO. Skip remainder of this form and return to the Holyoke Office for Community Development.
- B. The organization wishes to remain active as a certified CHDO. Please fill out the remainder of this form.

**II. CHDO Recertification**

In order for Holyoke Office for Community Development to determine if your organization remains eligible for CHDO status, please answer the questions below, by checking either yes or no to indicate your answer. Provide the supporting documentation indicated.

- |        |    |  |
|--------|----|--|
| 1. Yes | No | Have there been any amendments or other changes to your Charter, Articles of Incorporation or By-laws since your last CHDO certification date? If yes, please attach a signed copy highlighting any such amendments.   |
| 2. Yes | No | Have there been any amendments or other changes to your tax-exempt ruling from the IRS under Section 501(c)(3) or (4) of the Internal Revenue Code of 1986 since your last CHDO certification date? If yes, please attach a signed copy highlighting such amendments.                                      |
| 3. Yes | No | Does the CHDO continue to have among its purposes <u><i>the provision of decent housing that is affordable to low- and moderate-income persons</i></u> , as evidenced by its Charter, Articles of incorporation, By-laws or Board resolutions?   |
| 4. Yes | No | Does the CHDO continue to have standards of financial accountability conforming to 24 CFR 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. |

5. Yes No Does the CHDO 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? Please comment below on any changes made in the formal process since the last certification and attach any evidence of such changes.

Comments:

6. Yes No Has the service area for the organization's CHDO activities changed since the last CHDO certification date? If yes, please attach a map showing the new service area and documentation that this change has been adopted by the CHDO's governing body.

7. Yes No Has the CHDO had any changes in staffing or consultants under contract? If yes, please provide resumes describing the experience accomplished by key staff and copies of contracts with consultant firms or individuals.

8. Yes No Does your CHDO with revenues in excess of \$300,000? If yes, please attach a copy of an audit performed by a Certified Public Accountant and conducted in accordance with generally accepted accounting principles and prepared during the most recent fiscal year, in addition to the IRS Form 990. If no, please explain why.

Comments:

9. Yes No Does your CHDO with revenues less than \$300,000? If yes, please submit the CHDO's most recently filed IRS Form 990, along with the items from either (a) or (b):

**a)** 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.

**OR**

**b)** A compiled set of Basic Financial Statements, along with a letter that the compilation was performed in accordance with 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 Notes to the Financial Statements.

10. Yes No For CHDOs that operate HOME-funded rental property, does the CHDO have a "Tenant Participation Plan" that includes fair lease and grievance procedures and a plan for tenant participation in management decisions? Please attach the Tenant Participation Plan.

11. Yes No Is your organization also certified as a CHDO by the State of Massachusetts. If yes, please attach the most recent certification or recertification document. NOTE: Being a state certified CHDO does NOT exempt you from completing this application or submitting accompanying forms for CHDO recertification in the Holyoke-Chicopee-Westfield Consortium.

12. Please provide a brief description below of the activities that document the organization's service to the Consortium during the previous year. Attach separate document if more space is required.

Comments:

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**Please use the checklist below to assure all documentation is submitted with your request for recertification. Missing documentation will delay your request for recertification:**

If you answered “**Yes**” to question #1, please provide a copy of your organization's Charter, Articles of Incorporation or signed By-Laws if amendments or other changes have taken place in the last year.

If you answered “**Yes**” to question #2, please provide a copy of any amendments to 501(c)(3) or 501(c)(4) certificate from the Internal Revenue Service (IRS).

Notarized statement by the President or CFO or certification from a CPA certifying the organization's financial system compliance with the financial accountability standards of 24 CFR 84.21.

If there have been changes to your organization's formal process for low income beneficiaries since the last certification, please provide documentation of such changes.

If you answered “**Yes**” the question #6, please provide a copy of a map defining your new service area the geographic boundaries of organization's service area.

If you answered “**Yes**” the question #7, please provide a copy of new staff resumes for new key staff and copies of contracts with consultant firms or individuals.

If you answered “**Yes**” the question #8, please provide a copy of the CHDO's most recently filed IRS Form 990 and Certified Public Accountant prepared audit.

If you answered “**Yes**” the question #9, please provide a copy of the CHDO's most recently filed IRS Form 990 along with the items listed under (a) **or** (b)

Have you included a list of your organization's Board of Directors and provided a Board Member information sheet for each?

Supplemental attachments, descriptions, activities & explanations

**Please mail the requested information to:**

**Holyoke Office for Community Development  
Room 400, City Hall Annex  
20 Korean Veterans Plaza  
Holyoke, MA 01040**

**For further information, contact (413) 322-5610**

*Signature of CHDO's Authorized Representative:*

I certify the information provided in this CHDO recertification application and all its attachments are true and correct to the best of my knowledge.

Signature

Date

Name

Title

## Board Information Description

At least one-third of the organization's board must be representatives of the low-income community the CHDO serves. To meet the one third (1/3) minimum requirement, the organization's board could consist of either:

- Residents that live in the low-income community where 51% or more of the residents are low-income. The persons need not be low income;
  - Residents of the community who are qualified as low-income (below 80% of the median income); or
  - Elected representatives of low-income neighborhood organizations.
1. Low-income resident of the community - Under the HOME program, for urban areas, the term "community" is defined as one or several neighborhoods, a city, county, or metropolitan area. For rural areas, "community" is defined as one or several neighborhoods. Also income must be below 80% MFI for their family size.
  2. Resident of a low income neighborhood in service area - This does not mean that you must be a low-income person only that you reside in a low-income neighborhood within the organization's Consortium service area.
  3. Elected rep or a low income neighborhood organization – A low-income neighborhood organization is an organization composed primarily of residents of a low-income neighborhood. Examples are block groups, civic associations, neighborhood church groups.
  4. No more than one-third (1/3) of the board shall be made up of elected or appointed public officials or public employees of the government entity or entities which the CHDO serves. See definitions below:
    - a). Elected or Appointed Public Official – A public sector representative in any elected public official, any appointed public official, any public/government employee of a public agency or department, or any individual who is appointed by a public official to serve on a CHDO board.
    - b). Public Employee - All employees of public agencies, including schools, Housing Authorities and Redevelopment Authorities.

### NOTE

1. Low income persons residing **outside** the Holyoke-Chicopee-Westfield Consortium's service area cannot be counted as low income board members for Holyoke-Chicopee-Westfield Consortium CHDO designation purposes.
2. If a board member is **both** an elected/appointed public official/public employee **and** a low income person/resident/representative, that person **MUST** be counted toward the one-third of board members allowed for public officials/employees and will not be counted as a low income board member.

# Board Member Information

**Organization Name:**

*Please complete and return this form for each Board member of the Organization (CHDO). You may duplicate form as needed. Please print or type.*

**Name:**

**Home Address:**

**Phone Number**

Home

Work

Cell

**Occupation:**

**Business Name:**

**Business Address:**

**Board Member Since:**

Month/Year

Term

1. Elected or Appointed Public Official?	2. Public Employee?	3. Low-income resident of the community?	4. Resident of a low income neighborhood in service area?	5. Elected rep of a low income neighborhood organization?
Yes    No	Yes    No	Yes    No	Yes    No	Yes    No

I certify that the above information provided above is accurate and correct to the best of my knowledge.

Printed Name

Signature

Date