



**CITY OF JACKSON  
OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT**

**CHDO Certification Application**

<b>Organization Name:</b>	<b>Tax ID Number:</b>
<b>Mailing Address (include physical address if different from mailing address):</b>	
<b>Contact Name / Title:</b>	<b>Organization President/CEO/Executive Director Name &amp; Title:</b>
<b>Contact Phone Number and E-mail Address:</b>	<b>President/CEO/Executive Director Phone Number &amp; E-mail Address:</b>
<b>Board President Name:</b>	<b>Board President Phone Number and E-mail Address:</b>
<b>PLEASE DESCRIBE THE CHDO-ELIGIBLE ACTIVITIES YOUR ORGANIZATION PLANS TO UNDERTAKE:</b>	
<b>LIST EACH GEOGRAPHIC AREA TO BE CONSIDER FOR CHDO CERTIFICATION:</b>	
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**

## CHDO Certification Application Attachments 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		COJ Use Only	
<p><b>A</b> 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 Mississippi 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>Requirement Met?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>		
<p><b>B</b> No part of its net earnings inure to the benefit of any member, founder, contributor, or individual. As <b>Attachment B</b>, <u>please provide and highlight the appropriate area in the following document:</u></p> <p>_____ A Charter, <b>-OR-</b> _____ Articles of Incorporation</p>	<p>Requirement Met?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>		
<p><b>C</b> Has either a tax exemption ruling or conditional designation from the Internal Revenue Service (IRS) under Section 501(c)(3), 501(c)(4) or 905 of the Internal Revenue Code of 1986 [See page 1 of guidance). As <b>Attachment C</b>, please provide complete copy of:</p> <p>_____ A 501(c) Certificate from the IRS, <b>-OR-</b> _____ Letter of conditional designation from the IRS</p>	<p>Requirement Met?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>		
LEGAL STATUS		COJ Use Only	

<p><b>D</b></p>	<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          _____ Articles of Incorporation          _____ By-laws          _____ Resolutions</p>	<p>Requirement Met?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p><b>E</b></p>	<p>Conforms to the financial accountability standards of Attachment F of OMB Circular A-110, "Standards for Financial Management Systems. As <b>Attachment E</b>, please provide a copy of one of the following:</p> <p>_____ A notarized statement by the president or chief financial officer of the organization;          _____ A certification from a Certified Public Accountant;  <b>-OR-</b>          _____ A HUD approved audit summary.</p>	<p>Requirement Met?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p><b>CAPACITY/EXPERIENCE</b></p>		
<p><b>F</b></p>	<p>The organizations is demonstrating capacity relevant to its planned role as a:</p> <p><input type="checkbox"/> Owner,  <input type="checkbox"/> Developer, or  <input type="checkbox"/> Sponsor</p> <p>See definitions in the guidance on page _____</p>	
<p><b>F</b></p>	<p>Has a demonstrated capacity for carrying out activities assisted with HOME funds? As <b>Attachment F</b>, please provide the following:</p> <p>_____ Resumes and/or statements of qualifications that describes the experience of key paid staff who have successfully completed HOME-funded projects similar to those to be undertaken as a CHDO. The qualifications and experience of consultants is no longer relevant unless the CHDO is in its first year of operation and it is using a consultant to train its staff.</p>	<p>Requirement Met?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>





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

BOARD CERTIFICATION		COJ Use Only
<b>O</b> The Board and its low-income representatives must certify that it meets the low-income CHDO requirements. As <b>Attachment O</b> , attach  _____ Certification of Low Income Representation (form attached), <b>AND</b> _____ Certification of Board Status	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. (The attached form may be used for this item.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**For COJ Use Only:**


**Recommendation:**

Approved       Disapproved

Senior Planner Signature: \_\_\_\_\_

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

**CHDO Certification Decision**

Approved       Disapproved

Manager Signature: \_\_\_\_\_

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

## **CHDO Capacity Assessment** **(Attach to CHDO Certification Application)**

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 COJ's determination to award the CHDO designation.*

### **Organizational Status**

1. Has your organization produced a strategic plan that specifies an action plan for housing development? If yes, please attach.

### **Board of Directors**

2. Has there been stability and continuity in the members of your organization's board of directors over the last several years? Please explain.
3. Does the board have a committee structure or other means of overseeing planning and development? Please describe.
4. 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**

5. 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**

6. Are the current housing development plans of your organization well grounded in an understanding of current housing conditions, housing needs and market demand? Has your organization done any analyses of the local housing market and the housing needs of low-income households? Please describe.
  
7. How strong are the current reputation of your organization and the relationships with the communities it serves?
  
8. 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?

### **Financial Management**

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

13. 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.

14. 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.

15. 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.

16. Are sufficient liquid assets available to cover your organization's current expenses? What portion of your organization's assets is liquid?

17. Describe the strength of your organization's relationships with other housing funders and lenders.

**Development Capacity**

18. 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)

Executive Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Certification of Low-Income Representation**

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

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

**Board of Directors**

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

	<b>Current Board Member Name</b>	<b>County of Residence</b>	<b>Employer</b> (If unemployed, indicate reason such as student, retired, disabled, etc.)	<b>Low-Income Household</b> (below 80% AMI)	<b>Resident of a Low-Income Neighborhood</b> (must provide US Census tract data)	<b>Elected Representative of a Low-Income Neighborhood Organization</b>	<b>Public Official, Appointee, or Employee</b>	<b>Private Sector</b>	<b>Term Expiration Date</b>
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**

**Board of Directors**

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

	<b>Current Board Member Name</b>	<b>County of Residence</b>	<b>Employer</b> (If unemployed, indicate reason such as student, retired, disabled, etc.)	<b>Low-Income Household</b> (below 80% AMI)	<b>Resident of a Low-Income Neighborhood</b> (must provide US Census tract data)	<b>Elected Representative of a Low-Income Neighborhood Organization</b>	<b>Public Official, Appointee, or Employee</b>	<b>Private Sector</b>	<b>Term Expiration Date</b>
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.				<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 ANNUAL RECERTIFICATION

CHDO ORGANIZATION NAME: \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

**All CHDO RECERTIFICATION DOCUMENTATION MUST BE SUBMITTED BY JULY 5, 2013. CHDO DESIGNATION MAY BE SUSPENDED AND FUNDS FROZEN IF ALL REQUIRED DOCUMENTATION IS NOT SUBMITTED.**

1. Provide a listing of the CHDO board of directors, including the board member's name, place of employment, and which sector he/she represents (i.e., public, private or low-income). Keep in mind the requirement that no more than one-third of the board may be comprised of public representatives and at least one-third of the board must be low-income representatives. **Using the form provided**, please include the listing of the board of directors as **Attachment A**.

- *Per a regulatory clarification from HUD, a local government employee, school board employee, etc. **does not** have to be counted as a public sector representative if he/she would otherwise qualify as a low-income representative.*
- *However, a board member who is employed by any branch or agency of state government is automatically considered a public representative, regardless of his/her income level. Other types of public representatives include elected officials and board members appointed by a public official.*

2. For the low-income representatives on the board, provide supporting documentation of their eligibility to be a low-income representative. There are three ways a board member can be classified as a low-income representative:

- The board member's gross household income is below 80% of the area median.
- The board member is an elected representative of a low-income neighborhood organization. (Refer to page 4 of the CHDO Certification Manual for further guidance).
- The board member is a resident of a low-income neighborhood (at least 51% of the residents of the census tract are below 80% area median income).

**Using the form provided**, please provide the appropriate low-income documentation as **Attachment B**.

3. Identify the CHDO's service area. Please ensure that the service area is the same as is identified in the CHDO bylaws.

4. Is the CHDO currently administering a HOME-funded CHDO set-aside project? If so, does the service area of the current project comply with the CHDO's service area as defined in the bylaws?

5. Detail the affordable housing activities that have been accomplished or undertaken in the past year.

- a. How many total units have been produced and/or households assisted?

- b. Were HOME funds from the CHDO set-aside used in these activities and if so, how? *(Note: to be eligible, CHDO set-aside funds must be used during the construction phase; permanent financing only is ineligible).*

6. **THIS QUESTION IS ONLY FOR CHDOs PREVIOUSLY APPROVED TO RETAIN CHDO PROCEEDS:**

- a. What is the current balance of your CHDO proceeds account?

\$ \_\_\_\_\_ as of \_\_\_ / \_\_\_ / \_\_\_\_\_ (date)

- b. What are the specific intended uses of these CHDO proceeds funds?





***\*Describe the assistance provided to the household; i.e., new construction, homeowner rehabilitation, acquisition/ rehab/ resale, down payment and closing costs assistance, rental assistance, etc.***

7. Describe the CHDO's low-income advisory process and the outreach performed to involve the low-income community in the CHDO's decision-making processes.

▶ *Having low-income representatives on the board of directors or having "open" board meetings does not satisfy the requirements of the low-income advisory process. The low-income advisory process is designed to report the outreach efforts made by the CHDO to the low-income community and must be adhered to as outlined in the CHDO's bylaws.*

a. In what ways was the low-income advisory process implemented in the past year and what were the results? Please be specific.

b. How have the low-income residents and program beneficiaries in your service area been involved with the CHDO to advise on policies and procedures, program design, site location(s), development and management of affordable housing? **Please provide specific examples.**

c. Are there any unique approaches you have taken to obtain feedback from the low-income such as the formation of neighborhood advisory councils, tenant committees, etc.?

- d. Discuss any challenges you have encountered in obtaining feedback from the low-income residents and what measures will be pursued to overcome these obstacles.

8. Describe the Fair Housing activities that were undertaken by your organization during the past 12 months.

9. Describe any training or technical assistance that your board or staff members participated in that increased your capacity to develop affordable housing.

10. Please identify any technical assistance or training needs that your organization needs to increase your capacity to develop affordable housing.

11. Provide a narrative detail of the CHDO's **three-year** strategic business plan.

- The business plan must be delineated by year, for the next three years. A new, updated document must be submitted with each recertification.
- It must contain specific, measurable goals regarding affordable housing unit production and number of households to be assisted, as well as other long-range organizational and community development goals of the CHDO.
- It must identify the funding sources anticipated to accomplish the stated goals.

Include the three-year strategic business plan as **Attachment C.**

- ▶ *“Measurable” goals are ones to which the CHDO can hold itself accountable and easily determine at the end of the year whether or not the goal was accomplished.*
- 

**For COJ Use Only**

**Recommendation:**

Approved                       Disapproved

Senior Planner Signature: \_\_\_\_\_

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

**CHDO Certification Decision**

Approved                       Disapproved

Manager Signature: \_\_\_\_\_

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

The Deputy Director's signature below approves the certification decision above:

Deputy Director Signature: \_\_\_\_\_