



CHDO Certification Application

Organization Information

Organization Legal Name:	Tax ID Number:
	DUNS Number:

Mailing Address (include physical address if different from mailing address):

Contact Name/Title:	Organization President/CEO/Executive Director (name and title):
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Phone:	Phone:
Fax:	Fax:
E-Mail Address:	E-Mail Address:

Board President Name:	
Phone:	
Fax:	
E-Mail Address:	

Activities

Please describe the CHDO-eligible activities your organization plans to undertake in the next 12 months as a CHDO.

Service Area

County	Service Area		County	Service Area	
	General	CHDO		General	CHDO
1.	<input type="checkbox"/>	<input type="checkbox"/>	7.	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	8.	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	9.	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	10.	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	11.	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	12.	<input type="checkbox"/>	<input type="checkbox"/>

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, Bylaws, Charter, 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.

I. Legal Status	WVHDF Use Only
<p>A. The nonprofit organization is organized under State or local laws. Provide a signed and dated copy, including all amendments, of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A Charter (Attachment 1) -OR- <input type="checkbox"/> Articles of Incorporation (Attachment 1) <input type="checkbox"/> Bylaws (Attachment 2) <input type="checkbox"/> Resolutions (Attachment 3) <input type="checkbox"/> Certificate of Existence (current as of 2009) (Attachment 4) <input type="checkbox"/> Certificate of Incorporation (Attachment 5) 	<p style="text-align: center;">Requirement Met?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>B. No part of its net earnings inure to the benefit of any member, founder, contributor, or individual. Identify the appropriate document and Section here below that indicates compliance.</p> <ul style="list-style-type: none"> <input type="checkbox"/> A Charter -OR- <input type="checkbox"/> Articles of Incorporation <p style="text-align: right; margin-right: 50px;">Section # _____</p>	<p style="text-align: center;">Requirement Met?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>C. 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 Attachment 6, please provide a complete copy of:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A 501(c) Certificate from the IRS, -OR- <input type="checkbox"/> Letter of Conditional Designation from the IRS 	<p style="text-align: center;">Requirement Met?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>D. Has among its purposes the provision of decent housing that is affordable to low- and moderate-income people. Identify the appropriate document and Section here below that indicates compliance.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Charter <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Bylaws <input type="checkbox"/> Resolutions <p style="text-align: right; margin-right: 50px;">Section # _____</p>	<p style="text-align: center;">Requirement Met?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

II. Capacity	WVHDF Use Only
<p>A. Conforms to the financial accountability standards of 24 CFR 84.21, "Standards for Financial Management Systems". As Attachment 7, please complete and attach:</p> <p><input type="checkbox"/> Certification of Financial Management Systems (WVHDF Form CHDO-103)</p>	<p>Requirement Met?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>B. Has demonstrated capacity for carrying out activities assisted with HOME funds. As Attachment 8, please complete and attach:</p> <p><input type="checkbox"/> Staff Member Information form (WVHDF Form CHDO-100); -AND-</p> <p><input type="checkbox"/> Résumés that describe the experience of key staff members who have successfully completed projects similar to those to be assisted with HOME funds; -OR-</p> <p><input type="checkbox"/> Contract(s) with consulting firms or individuals who have housing experience similar to projects to be assisted with HOME funds to train appropriate key staff of the organization.</p>	<p>Requirement Met?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>C. Has a history of serving the community(ies) where housing to be assisted with HOME funds will be produced.</p> <p>As Attachment 9, provide one of the following:</p> <p><input type="checkbox"/> Statement signed by the Board President that details at least one year of experience in serving each community for which Certification is sought,</p> <p>-OR-</p> <p><input type="checkbox"/> For newly-created organizations formed by local churches, service or community organizations, a statement signed by the Board President that details that its parent organization has at least one year of experience in serving each community for which Certification is sought.</p> <p>NOTE: <i>The CHDO or its parent organization must be able to show one year of serving the community from the date the participating jurisdiction provides HOME funds to the organization. In the statement, the organization must describe its history (or its parent organization's history) of serving the community by describing activities which it provided (or its parent organization provided), such as developing new housing, rehabilitating existing stock, and managing housing stock, or delivering non-housing services that have had lasting benefits for the community, such as counseling, food relief, or childcare facilities. The statement must be signed by the president of the organization.</i></p>	<p>Requirement Met?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

III. Organizational Structure	WVHDF Use Only
<p>A. Maintains at least one-third of its governing board's membership for residents of low-income neighborhoods, other low-income community residents, or elected representatives of low-income neighborhood organizations.</p> <p>Identify the appropriate document and Section here below that indicates compliance.</p> <p><input type="checkbox"/> Bylaws <input type="checkbox"/> Charter <input type="checkbox"/> Articles of Incorporation</p> <p style="text-align: right;">Section #: _____</p> <p><i>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, a town, village, county, or multi-county area (but not the whole state).</i></p>	<p>Requirement Met?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>B. Provides a formal process for low-income, program beneficiaries to advise the organization in all of its decisions regarding the design, siting, development, and management of all HOME-assisted affordable housing projects.</p> <p>Identify the appropriate document and Section here below that indicates compliance.</p> <p><input type="checkbox"/> The organization's Bylaws, <input type="checkbox"/> Resolutions, -OR- <input type="checkbox"/> A written statement of operating procedures approved and signed by the governing body</p> <p style="text-align: right;">Section #: _____</p>	<p>Requirement Met?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>C. A CHDO may be chartered by a state or local government. Is the CHDO chartered by a State or local government?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, the state or local government may not appoint: (1) more than one-third of the membership of the organization's governing body; (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 (3) no more than one-third of the governing board members are public officials.</p> <p>Identify the appropriate document and Section herebelow that indicates compliance.</p> <p><input type="checkbox"/> Bylaws <input type="checkbox"/> Charter <input type="checkbox"/> Articles of Incorporation</p> <p style="text-align: right;">Section #: _____</p>	<p>Requirement Met?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p>

III. Organizational Structure (continued) WVHDF Use Only

D. Is the CHDO sponsored or created by a for-profit entity?

- Yes No

Requirement Met?

- Yes No NA

If yes, the for-profit entity may not appoint more than one-third of the membership of the CHDO's governing body and the board members appointed by the for-profit entity may not, in turn, appoint the remaining two-thirds of the board members.

Identify the appropriate document and Section here below which describe the process for selecting the remaining two-thirds of the board members:

- Bylaws
 Charter
 Articles of Incorporation

Section #: _____

IV. Relationship with For-Profit Entities

A. Does the CHDO have a relationship with a for-profit entity?

- Yes No

Requirement Met?

- Yes No NA

If yes, the CHDO cannot be controlled by, nor receive directions from, individuals or entities seeking profit from the organization. Identify the appropriate document and Section here below that indicates compliance. If a Memorandum of Understanding, please include as **Attachment 10**.

- The organization's Bylaws, **-OR-**
 A Memorandum of Understanding (MOU).

Section #: _____

B. Is the CHDO sponsored or created by a for-profit entity?

- Yes No

Requirement Met?

- Yes No NA

If yes, a CHDO may be sponsored or created by a for-profit entity, however:

(1) The for-profit entity's primary purpose does not include the development or management of housing. Identify the appropriate Section here below that indicates compliance.

Section #: _____

- The for-profit organization's Bylaws, **AND**

(2) The CHDO is free to contract for goods and services from vendor(s) of its own choosing. Identify the appropriate document and Section here below that indicates compliance.

- Bylaws
 Charter
 Articles of Incorporation

Section #: _____

Statement of Certification

I hereby certify that all statements I have provided in this recertification and in the attachments herein are true and comply with West Virginia law; that I am authorized to sign this recertification and to make these statements on behalf of the applicant organization; and that the organization understands that misrepresentation of any facts which lead to the improper allocation and expenditure of public funds may result in legal action against the organization for retrieval of any such funds and appropriate penalties.

Name (Typed)

Date

Title (Executive Director, etc.)

Signature

STATE OF WEST VIRGINIA,
COUNTY OF _____, To-Wit:

The foregoing instrument was acknowledged before me this ____ day of _____, 2____, by _____ (name of officer), _____ (title of officer) of _____ (organization name), a not-for-profit West Virginia corporation, on behalf of said corporation.

My commission expires _____

NOTARY PUBLIC

I hereby certify that the submission of this recertification has been approved by a two-thirds vote of the Board of Directors.

Name (Typed)

Date

Board President Signature

STATE OF WEST VIRGINIA,
COUNTY OF _____, To-Wit:

The foregoing instrument was acknowledged before me this ____ day of _____, 2____, by _____ (name of officer), _____ (title of officer) of _____ (organization name), a not-for-profit West Virginia corporation, on behalf of said corporation.

My commission expires _____

NOTARY PUBLIC