

Yuma County HOME Consortium (YCHC)

Community Housing Development Organization CHDO Certification Application

Date: _____

Organization Name: _____

Organization Phone: _____

Organization Address: _____

City, State, ZIP Code: _____

Tax (IRS) ID: _____

DUNS#: _____

Contact Name: _____

Title: _____

Contact Phone: _____

Contact Email: _____

Organization's Mission Statement and population served:

Desired CHDO Role:

Owner

Developer

Sponsor

Certification: The undersigned hereby submits and application to the Yuma County HOME Consortium (YCHC) for certification as a CHDO and for financial assistance under the HOME Program. The undersigned certifies that all information herein is true and correct, to the best of his/her knowledge. Submitted applications must have the signature of the representative with authority to execute documents on behalf of the applicant organization.

Authorized Signature: _____

Print Name and Title: _____

Date: _____

LEGAL STATUS**ATTACHMENT CHECKLIST**

<p>1. Does the organization have among its purposes the provision of decent housing that is affordable to low- and moderate-income persons? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><input type="checkbox"/> Documentation of Affordable Housing Purpose</p>
<p>2. Does the organization allow any net earnings to benefit any members, founders, contributors, or individuals of the organization? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><input type="checkbox"/> By-laws, Articles of Incorporation, Resolutions, etc.</p>
<p>3. Is the organization's service area within Yuma County? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><input type="checkbox"/> Map of all areas served by the organization</p>
<p>4. Does the organization have a tax-exempt ruling from the IRS under Section 501(c)(3) or (4) of the Internal Revenue Code of 1986? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><input type="checkbox"/> Documentation of Tax-Exempt Status</p>
<p>5. Funded organizations must be registered with the System for Award Management (SAM). Is the organization registered? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><input type="checkbox"/> Documentation of SAM Registration</p>

ORGANIZATIONAL STRUCTURE

<p>6. Does the organization maintain at least 1/3 of its governing board's membership for <i>residents of low-income neighborhoods, other low-income community residents, or elected representatives of low-income neighborhoods</i>? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><input type="checkbox"/> Documentation of board composition</p>
<p>7. Complete <i>FORM A: Board Member Certification</i> signed by <u>each</u> board member verifying if he or she is a public official and/or low-income representative.</p> <p>Please list all current Board Members on <i>FORM B: Board Members List</i> indicating the constituency they represent AND sign the Board of Directors Certification portion.</p>	<p><input type="checkbox"/> FORM A <input type="checkbox"/> FORM B</p>
<p>8. Does the organization provide a formal written process for low-income program beneficiaries to advise the CHDO in all of its decisions regarding design, location of sites, development, and management of affordable housing? This includes procedures as to how the formal process will be implemented (public hearings, flyers, media, etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><input type="checkbox"/> Policy to include program beneficiaries in decision-making and procedures</p>

EXPERIENCE & CAPACITY**ATTACHMENT CHECKLIST**

<p>9. Does your organization have at least one year of experience serving the community where it intends to develop affordable housing? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Please attach description of other housing development projects undertaken by your organization.</p>	<input type="checkbox"/> Documentation of previous housing projects
<p>10. Does your staff have experience with housing development? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Describe the relevant development experience of key staff members who have successfully completed project similar to those to be assisted by HOME funds and attach resumes. If a consultant is being utilized, please provide verification and qualifications.</p>	<input type="checkbox"/> Staff Resumes and description of experience
<p>11. Please attach chart for organization delineating lines of authority, including employee names and titles.</p>	<input type="checkbox"/> Organization Chart
<p>12. Please describe the organization's experience with compliance and record keeping for other sources of funds used in the development of housing.</p>	<input type="checkbox"/> Record keeping compliance
<p>13. Does the organization have standards for financial accountability conforming to 2 CFR 200? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Please attach a copy of the current year's operating budget as approved by the Board of Directors.</p>	<input type="checkbox"/> Most recent financial audit/statement <input type="checkbox"/> Operating Budget
<p>14. If your organization has not met all of the CHDO criteria described above, are you interested and willing to take the steps necessary to meet this criteria? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	

Signature of Authorized Representative

I certify the information provided in this application for certification as a CHDO and all its attachments is true and correct to the best of my knowledge.

 Signature

 Date

 Printed Name

 Title

FORM A: Board Member Certification. Each Board Member must complete and sign this form.

Public Official

I currently hold a publicly elected or appointed office. Please indicate office:

SELECT ONLY ONE

Member of Low-Income Household

I am a member of a household that has a combined total income which is less than 80% of the area median income. See income levels below:

Household Size	1	2	3	4	5	6	7	8
Annual Income	\$27,000	\$30,850	\$34,700	\$38,550	\$41,650	\$44,750	\$47,850	\$50,900

Yuma, AZ MSA - Low-Income Household Income Limits
U.S. Department of HUD 6/1/2018

OR

Resident of Low-Income Neighborhood

I am a resident of a community which, according to the most recent census, has a least 51% of its households with incomes less than 80% of the area median income. Provide your address or a list of the census tract/block group that comprise this community:

OR

Elected Representative of Low-Income Group

I am elected by membership of a neighborhood organization whose membership is open to all residents of a defined neighborhood in which the most recent census shows that more than 51% of the households have incomes less than 80% of the area median income, and my position on our governing body is primarily as a representative of that neighborhood organization. The name of the neighborhood organization and the census tracts/block groups served by the neighborhood organization are:

OR

None of the above (not a Low-Income Representative)

Signature

Date

Printed Name

