



CHDO Certification Application

County of Delaware
Office of Housing and Community Development
600 North Jackson Street, Room 101
Media, PA 19063-2561
(610) 891-5425

2016 Application

Date of Submission: _____

Name of Organization: _____

Executive Director: _____ Email: _____

Board President: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Application Preparer: _____ Email: _____

Title: _____ Telephone Number: _____

Federal I.D. Number: _____

DUNS Number: _____

Is the applicant currently certified as a CHDO in Delaware County? Yes No

**Please submit the CHDO Checklist as well as all documents identified in the Table of Contents. The documents submitted should be placed in a binder with the appropriate tabs indicated in the Table of Contents.*

Date Received:

Table of Contents

<u>TAB</u>	Description
<u>N/A</u>	CHDO Application Form/Cover Page
<u>A</u>	Articles of Incorporation
<u>B</u>	501(c) Tax Exempt Ruling from the IRS or Group Exemption Letter
<u>C</u>	Organization's By-Laws
<u>D</u>	Resolution adopted by Board of Directors indicating the organization's mission includesthe provision of decent housing that is affordable to low and moderate income households
<u>E</u>	Financial Accountability Standards Documentation
<u>F</u>	Letter documenting history of serving the community
<u>G</u>	Resolution or written statement of operating procedures approved by the governing body regarding low-income citizen participation in planning and decision making
<u>H</u>	Organization's Charter
<u>I</u>	Organization's Annual Budget
<u>J</u>	Memorandum of Understanding from the for profit company that organized or sponsored the applicant, if applicable
<u>K</u>	The By-Laws from the for profit company indicating their purpose
<u>L</u>	The Organization's Written Procurement Standards
<u>M</u>	The Organization's Written Tenant Grievance Policy
<u>N</u>	The Organization's Plan for Involving Tenants in Management Decisions

CHDO CHECKLIST

I. LEGAL STATUS

- A. The nonprofit organization is organized under state or local laws as evidenced by Articles of Incorporation. Submit a copy of the Articles of Incorporation in TAB A. Indicate below the specific citation (including the paragraph number) from the Articles of Incorporation:

Page No.: _____ Paragraph No.: _____

- B. No part of the organization's net earnings shall inure to the benefit of any member, founder, contributor, or individual, as evidenced by a specific statement in the Articles of Incorporation. Indicate below the specific citation (including the paragraph number) from the Articles of Incorporation.

Page No.: _____ Paragraph No.: _____

- C. The organization has proof of a tax exemption ruling from the Internal Revenue Service (IRS) under Section 501(c) of the Internal Revenue Code of 1986. In order to fulfill this requirement, the organization must be in possession of a current IRS ruling that confers either "conditional" or "final" 501(c) status. Evidence of an application for 501(c) status "pending" at the IRS will not suffice. Please attach:

A 501(c) Tax Exempt Ruling from the IRS (attach a copy of your IRS letter in TAB B); OR

The organization is classified as a subordinate of a central organization nonprofit under Section 905 of the Internal Revenue Code, as evidenced by:

A group exemption letter from the IRS that includes the nonprofit organization (Attach a copy of the group exemption letter from the IRS in TAB B.)

- D. The organization has among its purpose the provision of decent housing that is affordable to low and moderate income people. Highlight relevant portions of the appropriate document stating this fact (check one):

Articles of Incorporation Page No.: _____ Paragraph No.: _____

By-laws (Attach a copy in TAB C) Page No.: _____ Paragraph No.: _____

Resolution (Attach a copy in TAB D) Page No.: _____ Paragraph No.: _____

II. CAPACITY

- A. The organization conforms to the financial accountability standards of 24 CFR 84.21. Attach one of these documents attesting to this fact in TAB E (check one).

A notarized statement by the president or chief financial officer of the organization

A certification from a Certified Public Accountant

A HUD-approved audit summary

B. The organization has demonstrated capacity and experience for carrying out housing activities assisted with HOME funds. This capacity must relate to its role as a project owner, sponsor, or developer. In order to meet this standard, the organization must show its ability to serve as:

- **Owner** – The organization is required to own (in fee simple absolute or long-term ground lease) the construction or rehabilitation housing project during development and throughout the period of affordability, and is required to oversee all aspects of the development process.
- **Developer** – The organization constructs or rehabilitates housing, and will be in sole charge of all aspects of the development process, including obtaining zoning, securing additional financing, selecting architects, engineers, and general contractors, overseeing progress of work and reasonableness of costs. At a minimum, the organization must own the housing during development and through the required affordability period.
- **Sponsor** – The organization owns and develops the housing, and agrees to convey the housing to a specified private nonprofit organization (that does not need to be a CHDO but *cannot* be created by a governmental entity) at a predetermined time after project completion for the required affordability period.

The organization must employ paid staff with experience corresponding to the proposed role of the CHDO (owner, developer, or sponsor) for new construction or rehabilitation activities for homeownership and/or rental development. The organization and its staff must have prior experience meeting Federal regulatory requirements. A CHDO may use a consultant to demonstrate capacity only during the first year of an organization’s participation as a CHDO.

The organization must provide documentation of employment for full/part-time or contracted staff. Previous work purely in counseling, marketing, or financing activities is not sufficient to be considered development experience. Staff does not include volunteers, board members, consultants, or municipal employees. Complete the chart below. Attach additional copies of this page if necessary.

Name	Brief Job Description	Qualifications and Experience in Developing Affordable Housing	Check One	
			Paid Staff	Paid Consultant

- C. A consultant with experience on similar development projects may be employed to build organizational capacity. If the organization will be using a consultant for the planning and development activities, explain how the consultant shall train the key staff of the organization.
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- D. The organization has a history of serving the community in the proposed CHDO service area. The nonprofit or its parent organization must be able to show at least one year of serving the community prior to submitting a CHDO certification request. In the statement, the organization must describe its history (or its parent organization's history) of serving the community by describing activities which it (or its parent organization) has undertaken, such as: developing new housing, rehabilitating and managing existing housing stock, or delivering non-housing services that have had lasting benefits for the community, such as counseling, food relief, childcare facilities, etc. The president or other chief official of the organization must sign this statement. Check the appropriate box below and attach the documentation in TAB G.

- A statement that documents at least one year of experience in serving the targeted community.
- For newly-created organizations formed by local churches, service or community organizations, and a statement that documents that its parent organization has at least one year of experience in serving the targeted community.

III. ORGANIZATIONAL STRUCTURE

- A. The organization 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. There are three ways to meet this requirement:
1. Board members can be residents of a low-income neighborhood in the community. A "low-income neighborhood" is defined as a neighborhood where 51% or more of the residents are low-income; residents of such neighborhoods that sit on CHDO boards do not have to be low-income themselves.
 2. Board members can be low-income residents of the community. The CHDO board need not include residents from each municipality in the CHDO's proposed service area, but the board's composition should in some fashion reasonably represent that service area. Low-income residents do not need to submit proof of their income to the CHDO if they are also residents of low-income neighborhoods in the community; if they do not reside in low-income neighborhoods, the CHDO must obtain a certification that the residents qualify as low-income. This proof of income need not be submitted to Delaware County, but should be retained by the CHDO.
 3. Board members can be elected representatives of low-income neighborhood organizations. A "low-income neighborhood organization" is one that is composed primarily of residents of a low-income neighborhood and whose primary purpose is to serve the interests of the neighborhood residents; such groups can elect representatives to sit on the CHDO board. Block or watch groups, civic associations, neighborhood church groups, and NeighborWorks organizations are all examples of low-income neighborhood organizations.

Indicate which document stipulates the appropriate board representation.

- By-laws, Page No.: _____ Paragraph No.: _____
- Charter, (Attach a copy in TAB H) Page No.: _____ Paragraph No.: _____
- Articles of Incorporation, Page No.: _____ Paragraph No.: _____

What percentage of your board members meets this requirement? _____ %

Please list your current board members. If additional space is needed, you can make additional copies of this page. Indicate which of the individuals listed below meet the 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/moderate criteria they meet. **Also, have low-income board members complete the Low-Income Representation Certification Form to return with this application** (see Attachment A).

Current Board Members	Resident of a Low-Income Neighborhood in the Community (check box)	Low-Income Resident of Community (check box)	Elected Representative of Low-Income Neighborhood Organization (check box)	Public Official or Employee (check box)
Name: Employer: Job Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name: Employer: Job Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name: Employer: Job Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name: Employer: Job Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name: Employer: Job Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name: Employer: Job Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name: Employer: Job Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name: Employer: Job Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name: Employer: Job Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name: Employer: Job Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Current Board Members	Resident of a Low-Income Neighborhood in the Community (check box)	Low-Income Resident of Community (check box)	Elected Representative of Low-Income Neighborhood Organization (check box)	Public Official or Employee (check box)
Name: Employer: Job Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name: Employer: Job Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name: Employer: Job Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name: Employer: Job Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name: Employer: Job Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name: Employer: Job Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Name: Employer: Job Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name: Employer: Job Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. The organization provides a formal process by which low-income program beneficiaries can advise the organization in all of its decisions regarding the design, siting, development, and management of its HOME-assisted affordable housing activities. Examples of such a process might include: special ad-hoc committees of neighbors of a proposed development site; standing neighborhood advisory councils; one or a series of open neighborhood/town meetings relating to each proposed development; temporary expansion of the CHDO board to include neighbors during the period of planning and development for each housing activity, etc. The CHDO will be required to indicate on all applications for HOME CHDO construction funding how it received input from low-income program beneficiaries for that specific activity.

By-laws, Page No.: _____ Paragraph No.: _____

Resolution (Attach a copy in TAB G)

A written statement of operating procedures approved by the governing body (Attach a copy in TAB G)

C. A CHDO may be chartered by a state or local government; however, (1) the state or local government may not appoint 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 (or elect) the remaining two thirds of the board members, (3) no more than one third of the governing board members may be public officials or public employees and (4) officers or employees of the state or local government may not serve as officers or employees of the nonprofit organization (except for the permitted one third of board members).

Was the applicant chartered by a state or local government? Yes No
If yes, indicate where in one of the following documents it states the 3 restrictions listed above.

By-laws, Page No.: _____ Paragraph No.: _____

Charter, (Attach a copy in TAB H) Page No.: _____ Paragraph No.: _____

Articles of Incorporation, Page No.: _____ Paragraph No.: _____

D. If the nonprofit organization is sponsored or created by a for profit entity, (1) the for profit entity, or its controlling parties, may not appoint more than one third of the membership of the nonprofit's governing body, (2) the board members appointed by the for profit entity may not, in turn, appoint the remaining two thirds of the board members, and (3) officers or employees of the for profit entity may not serve as officers or employees of the nonprofit (except for the permitted one third of board members).

Was the applicant sponsored or created by a for profit entity? Yes No
If yes, indicate where in one of the following documents it states the two restrictions listed above.

By-laws, Page No.: _____ Paragraph No.: _____

Charter, (Attach a copy in TAB H) Page No.: _____ Paragraph No.: _____

Articles of Incorporation, Page No.: _____ Paragraph No.: _____

E. Submit a copy of your organization's annual budget in TAB I, as adopted by the board of directors, and its last audited financial statement in TAB I.

If a financial audit has not been conducted in the last year, explain why not: _____

F. Indicate the geographical area (municipalities) currently served by your organization, and the portions of that area for which you wish to be CHDO certified. If your organization is intending to serve the entire County, please indicate that below. Ideally, the statement of services (II. D. above) and board membership (III. A. above) items should reflect that your organization has served the entirety of the jurisdiction indicated below as your service area. Note that an organization need not request CHDO certification for its entire service area. Also indicate if you have a board member that either lives or works in that municipality.

Our organization intends to serve the entirety of Delaware County. Yes No

Municipalities	Organization's General Service Area (check box)	Requesting to Include Municipality in CHDO Service Area (check box)	Has a Board Member that Represents this Municipality? (check box)
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. RELATIONSHIP WITH FOR PROFIT ENTITIES

A. Is/was your organization sponsored or created by a for profit company? Yes No

If yes, please indicate the name of this company: _____

Does this company have as its primary purpose the development or management of housing?

Yes No

If yes, the applicant is not eligible to be a CHDO.

If no, indicate the page number and paragraph number citation in the for profit company's By-laws indicating its primary purpose.

The for profit organization's By-laws (A copy is attached in TAB K)

Page No.: _____ Paragraph No.: _____

B. The organization must not be controlled by, nor receive directions from, individuals or entities seeking profit from the organization.

Is the organization controlled by, or does it receive direction from, individuals or entities seeking to profit from the organization? Yes No

If no, indicate where in one of the following documents this is ensured?

By-laws, Page No.: _____ Paragraph No.: _____

A Memorandum of Understanding from the for profit company that organized or sponsored the applicant, if applicable. (Attach a copy in TAB J)

C. Is the applicant free to contract for goods and services from vendor(s) of its choosing?

Yes No

If no, the applicant is not eligible to be a CHDO.

If yes, indicate where in one of the following documents this is ensured:

By-laws, Page No.: _____ Paragraph No.: _____

Charter, (Attach a copy in TAB H) Page No.: _____ Paragraph No.: _____

Articles of Incorporation, Page No.: _____ Paragraph No.: _____

D. Are any of your organization's officers or employees also officers or employees of the for profit company?

Yes No

If yes, the applicant is not eligible to be a CHDO.

V. PROCUREMENT STANDARDS

A. The organization has established written procedures for the procurement of supplies, equipment, services, etc., with Federal funds, which it will follow and comply with the requirements of OMB Circular # A-110. In order to meet this requirement, the organization must compose and draft its own particular set of procurement procedures and submit them with its CHDO application package for independent review by Delaware County staff.

A copy of the organization's written procurement standards is attached in TAB L.

B. CHDOs must adhere to a fair lease and grievance procedure approved by Delaware County, as well as provide a plan for and follow a program of tenant participation in management decisions.

A copy of the organization's written Tenant Grievance Policy is attached in TAB M.

A copy of the organization's plan for involving tenants in management decisions is attached in TAB N.

ATTACHMENT A

Delaware County HOME Program – Community Housing Development Organization

Low-Income Community Representation Certification Form

The HOME Program regulations in Section 92.2 state that a Community Housing Development Organization (CHDO) must maintain at least one-third of its governing board’s membership for residents of low-income neighborhoods, other low-income community residents, or elected representative of low-income neighborhood organizations.

As a Board member, please check below that option that applies and sign the form at signature line below.

Resident of low-income neighborhood; or

Low-income resident (household income below 80% of median household income); or

Household Size	80% of Median Family Income
One Person	\$45,450
Two Persons	\$51,950
Three Persons	\$58,450
Four Persons	\$64,900
Five Persons	\$70,100
Six Persons	\$75,300
Seven Persons	\$80,500
Eight Persons	\$85,700

Source: HUD 2015 Limits

Elected representative of low-income neighborhood organization. If checked, name of organization:

I certify that the information contained above is true and accurate.

Signature _____ Date _____

Printed Name _____

Address _____