



**E. What is the organization’s interest in this development?**

**Own** (The organization is or will be owner in fee simple absolute (or will hold a long term ground lease) for at least the period of affordability. If project involves rehabilitation or construction, organization will oversee all aspects of development.)

**Develop** (The organization is or will be owner in fee simple absolute (or will hold a long term ground lease) for at least the period of affordability, and will be in sole charge of all aspects of the development process.)

**Sponsor**

**The organization will own and develop project that it will convey at a predetermined time after completion to a designated private nonprofit (that was not created by a governmental entity).**

**OR**

**The project will be owned and/or developed by which of the below eligible CHDO affiliate?**

Wholly owned subsidiary of CHDO

Limited partnership of which the CDHO or its wholly owned subsidiary is the sole partner

Limited liability company in which the CHDO or its wholly owned subsidiary is the sole managing member

**F. Will the organization be contributing funds to the development?**  **Yes**  **No**

If so, explain:

**G. Will the organization receive any part of the development or management fees paid in connection with the development?**

**Yes**  **No**

If yes, how much? Explain:

**H. How many full-time staff members does the organization have?**

Describe the type and extent of their activities relevant to the CHDO’s role:

**I. Is the organization affiliated with or controlled by any for-profit organization?**  **Yes**  **No**

If yes please identify the for-profit organization:

**a. Has any for-profit entity (including the owner of the development or any entity directly or indirectly related to such owner) appointed any directors to the governing board of the organization?**  **Yes**  **No**

If yes, explain:

**b. Does the organization have any financial arrangements with any individual(s) or for-profit entity, including anyone or any entity related, directly or indirectly, to the owner of the development?**  **Yes**  **No**

If yes, explain:

**c. Disclose any business or personal (including family) relationships that any of the staff members, directors or other principals involved in the formation or operation of the organization have, either directly or indirectly, with any persons or entities involved or to be involved in the development on a for-profit basis including, but not limited to, the owner of the development, any of its for-profit general partners, employees, limited partners or any other parties directly or indirectly related to such owner:**

J. The organization may not have been formed by any individual(s) or for-profit entity for the principal purpose of being included in the non-profit set-aside or earning points under the Project Selection Criteria. The organization may not be a governmental entity and it may not be controlled by a governmental entity.

Date of legal formation of organization:

Purpose(s) of formation of organization:

**3. REQUIREMENTS**

The information contained in this checklist refers to the definition Community Housing Development Organization (CHDOs) in Subpart A, 92.2 of the HOME Rule.

A. Please attach copies of the following documents with this checklist:

<input type="checkbox"/>	Articles of Incorporation or Charter
<input type="checkbox"/>	By-Laws
<input type="checkbox"/>	Non-profit Certificate of Incorporation and Certificate of Good Standing (state of Missouri)
<input type="checkbox"/>	Board approved Mission Statement (must state the organization’s purpose is the provision of decent affordable housing to low-to-moderate income persons)
<input type="checkbox"/>	Current Organizational Chart
<input type="checkbox"/>	List of Current Board Members or Commissioners (must meet board membership requirements and include the sector they represent)
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Most Recent Strategic Plan
<input type="checkbox"/>	List of Paid organization staff along with payroll register or copies of W-2s or W-4s
<input type="checkbox"/>	Copies of Job Duties or Resumes of all staff members associated with the housing component of the Agency
<input type="checkbox"/>	List of any federal funded programs being administered by the Agency
<input type="checkbox"/>	Provide any additional documentation which MHDC may find useful for the purposes outlined above (e.g., letter of intent, proposed documents, etc.)

B. Has this organization been a certified CHDO with MHDC in the past?  Yes  No  
 If so, have there been any changes to the organizational documents listed above, since last certified as a CHDO with MHDC?  Yes  No

If yes, please explain these changes, or notate below the changes will be highlighted on the actual document(s).

\*If your tax-exempt status has been revised in any way, please attach a letter from the IRS explaining the changes.

C. Please provide MHDC with the following financial documents:

<input type="checkbox"/>	Organization’s Current Annual Operation & Capital Budget <input type="checkbox"/> Current Statement of Income & Expenses <input type="checkbox"/> Current Budget Variance Report
<input type="checkbox"/>	Organization’s Last Three (3) Annual Audits (including Mgmt. Letter) (If this is first year to be a Certified CHDO). If you were a Certified CHDO last year, then you only need to provide the <u>most current</u> Annual Audit (including Mgmt. Letter).
<input type="checkbox"/>	Letter from Auditor/CPA affirming that the organization confirms to the financial accountability standards of 2 CFR Part 200.

**D. If this organization has been a certified CHDO with MHDC in the past, please explain if there have been any changes to your organization’s financial management systems, since your last CHDO certification?**

**E. If this organization has been a certified CHDO with MHDC in the past, please explain if there have been any changes to your CHDO’s “key” management positions and/or housing production staff since your last CHDO certification?**

The undersigned applicant and organization hereby each certify that, to the best of its knowledge, all of the foregoing information is correct, complete and accurate.

(Print Development Owner Name) \_\_\_\_\_ **Date:** \_\_\_\_\_

(Authorized Signature) \_\_\_\_\_

(Signatory’s Title) \_\_\_\_\_

(Print Organization Legal Name) \_\_\_\_\_ **Date:** \_\_\_\_\_

(Authorized Signature) \_\_\_\_\_

(Signatory’s Title) \_\_\_\_\_

*If you or someone you know served in the U.S. Armed Forces, we encourage you to visit <http://veteranbenefits.mo.gov> or call (573) 751-3779 to learn about available resources.*