

Community Housing Development Organization – CHDO Certification Form

To apply for HOME funds as a CHDO, this form must be completed. The purpose of the form is to provide information to determine if an applicant is eligible for funding as a CHDO through the HOME Investment Partnerships Program.

Please answer every question or indicate if not applicable. Use additional sheets if necessary.

	General Information					
Α.	Name of Development:					
В.	Name of Development Owner:					
C.	Legal Name of Organization:					
D.	Chief Executive Officer of Organization:					
Ε.	Organization Contact Person and Title (if other than Chief Executive Officer):					
	Address:					
	Email Address: Phone:					
F.	Is this organization already a certified CHDO with MHDC? (CHDO certification with another jurisdiction does not automatically result in CHDO certification with MHDC.) Yes No					
	If Yes, Name of jurisdiction the certification is with:					
	Structure					
	Legal Status of Organization: 501 (c)(3) 501 (c)(4) Other (specify):					
В.	Will the organization participate though a related subordinate entity?YesNoIf Yes, Name of Entity:					
	Legal Status of Entity: 501 (c)(3) 501 (c)(4) Other (specify):					
C.	C. Is the organization (or related subordinate entity) assured of owning an interest in the development throughout the compliance period? Yes No					
D.	D. List <u>all general partners of the ownership entity and the percentages of their interest:</u>					
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 the project involves rehabilitation or construction, organization will <u>oversee</u> 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 <u>be in sole charge</u> of all aspects of the development process.)					
	Sponsor					
	The organization will own the property during development and shift responsibilities after completion to a designated private nonprofit (that was not created by a governmental entity). OR ;					
	The property 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.	F. Will the organization be contributing funds to the development? Yes No If so, explain:					

Yes No If Yes, how much? Explain: H. How many full-time staff members does the organization have? Describe the type and extunt of their activities relevant to the CHOO'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 of any entity related, directly or indirectly, to the owner of the development? 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. Does the for-profit entity share officers or employees with the organization? Yes No If Yes, explain: d. Disclose any business or personal (including family) relationships that any 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 in the bein envolved in the on-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 on-profit set-aside or earning points under the Project Selection Criteria. The organization may not be a governmental entity and it not controlled by a gov	G.	Will the organization receive any part of the development or management fees paid in connection with the development?					
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		List of any federal funded programs being administered by the Agency					

B. Has this organization been a certified CHDO with MHDC in the past? Yes No
 If Yes, 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:

Organization's Current Annual Operation & Capital Budget

Current Statement of Income & Expenses

Current Budget Variance Report

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, you only need to provide the most current Annual Audit (including Mgmt. Letter).

Letter from Auditor/CPA affirming that the organization confirms to the financial accountability standards of 2 CFR Part 200.

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

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

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

Print Development Owner Name:				
Authorized Signature:		Date:		
natory Name Printed: Signatory Title:				

Print Organization Legal Name:				
Authorized Signature:		Date:		
Signatory Name Printed: Signatory Title:				

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