



COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO)

APPLICATION FOR RECERTIFICATION

Organization: _____

Mailing Address: _____

City/ State/ Zip: _____

Contact Name: _____

Telephone: _____ Email _____

Return completed Application for Recertification with all requested documents to:

**HOME Program Manager
Arkansas Development Finance Authority
900 W. Capitol, Suite 310
Little Rock, AR 72201**

FOR ADFA USE ONLY

Reviewed by: _____

Approved

Date: _____

RECERTIFICATION CHECKLIST

Please submit the following items on this checklist:

- Complete Certifications of Low-Income Representatives of the Board
- Provide a completed Certification of Board Status form.
- List each current and proposed geographic service area on the form provided.
 - Include a map of the service area.
- Submit the CHDO Board Members Compliance Certification form signed by the Chairman of the Board.
- Submit Experience Certification forms and resumes of each paid staff member (full or part-time) of the CHDO.
 - Provide the following supporting documentation:
 - W-2s for each employee
 - If contract employee, executed contract for employee and 1099
 - Copy for your Check Registry for the most recent 12 months
 - Copy of your most recent 12 months Bank Statements
- Provide copies of a valid HOME Certification Certificate for each staff, if applicable.
- Submit the most recent audited financial statements of the organization and its sponsoring organization.
 - Provide a copy of the most recent quarter's unaudited financial statements.
- Provide a statement signed by the Chairman of the Board:
 - That no change(s) has occurred in the Bylaws, Articles of Incorporation, or staff members (if applicable) since receiving its last certification as a CHDO.

OR

- With change(s) that have occurred in the Bylaws, Articles of Incorporation, or staff members (if applicable) since receiving its last certification as a CHDO.

- Provide copies of the Minutes of the last 3 Board of Directors Meetings
- Provide a narrative report signed and dated by the Chairman of the Board. The narrative should address the following questions:
 - Describe and demonstrate relevant experience/capacity to carry out the proposed project.
 - Describe any HOME eligible projects that were begun or completed during your recent certification period. Include pictures, newspaper clippings, etc.
 - Outline any training or technical assistance your board or staff participated in that increased your capacity to develop affordable housing.

CERTIFICATION OF LOW-INCOME REPRESENTATION

Applicants should request that each board member representing the interests of low-income families in the Applicant's target community complete this certification. Please maintain a copy of this certification in your files. These certifications will be reviewed during monitoring visit by the State.



Board Member Name: _____

I certify that I am a current member in good standing of the governing board for _____ (name of the Applicant organization) and that I represent the interests of low-income families in the Applicant's target community. Please check and complete one of the following:

- I am a low-income resident of _____, the Applicant's target community.
- I am a resident of a low-income neighborhood in _____, the Applicant's target community.
- I am an elected representative of _____, a low-income neighborhood organization within _____, the Applicant's target community.

If the applicant is representing a low-income neighborhood organization, please attach copy of signed resolution from the neighborhood organization naming the individual as their representative on the CHDO.

(Signature) _____
(Date)

CERTIFICATION OF GEOGRAPHIC SERVICE AREA

LIST EACH CURRENT & PROPOSED GEOGRAPHIC SERVICE AREA			
	<input type="checkbox"/> No Change	<input type="checkbox"/> Add	<input type="checkbox"/> Delete
	<input type="checkbox"/> No Change	<input type="checkbox"/> Add	<input type="checkbox"/> Delete
	<input type="checkbox"/> No Change	<input type="checkbox"/> Add	<input type="checkbox"/> Delete
	<input type="checkbox"/> No Change	<input type="checkbox"/> Add	<input type="checkbox"/> Delete
	<input type="checkbox"/> No Change	<input type="checkbox"/> Add	<input type="checkbox"/> Delete
	<input type="checkbox"/> No Change	<input type="checkbox"/> Add	<input type="checkbox"/> Delete
	<input type="checkbox"/> No Change	<input type="checkbox"/> Add	<input type="checkbox"/> Delete
	<input type="checkbox"/> No Change	<input type="checkbox"/> Add	<input type="checkbox"/> Delete
	<input type="checkbox"/> No Change	<input type="checkbox"/> Add	<input type="checkbox"/> Delete
	<input type="checkbox"/> No Change	<input type="checkbox"/> Add	<input type="checkbox"/> Delete
	<input type="checkbox"/> No Change	<input type="checkbox"/> Add	<input type="checkbox"/> Delete
	<input type="checkbox"/> No Change	<input type="checkbox"/> Add	<input type="checkbox"/> Delete
	<input type="checkbox"/> No Change	<input type="checkbox"/> Add	<input type="checkbox"/> Delete
	<input type="checkbox"/> No Change	<input type="checkbox"/> Add	<input type="checkbox"/> Delete
PLEASE SUBMIT THE FOLLOWING ITEMS			

- Provide a map of the Geographic Service Area
- For each service area **added**, please submit a signed statement by the Board President that details atleast one year of experience in serving the community

Chairman of the Board Signature

Date

BOARD MEMBERS
COMPLIANCE CERTIFICATION

I, _____ certify that
Chairman of the Board

_____ will at all times maintain at least one third of the membership of the Board of Directors for (1) low income residents of the low income neighborhood; (2) other low income community residents or (3) representative elected by a low income community organization as evidenced by some action by the governing body of the low income community organization designating representative(s) to _____.

I further certify that the Board of Directors regarding the investment of HOME Funds shall take no action without 1/3 low-income representation on the Board.

I further certify that no more than 1/3 of the Board membership shall be public officials.

This certification approval is evidenced by resolution adopted by the Board of Directors, dated and signed by the Chairman of the Board.

Chairman of the Board Signature

Date