

## **PART 1 : CHDO CERTIFICATION**

### **A. CHDO Requirements Checklist**

**Please put this form along with all required CHDO Certification documents in a zip folder labeled “Organization name CHDO Checklist”**

Agency Name: \_\_\_\_\_

#### **1. LEGAL STATUS**

- A. The nonprofit organization is organized under State or local laws, as evidenced by one of the following documents:  
\_\_\_\_\_ Charter **OR** \_\_\_\_\_ Articles of Incorporation
- B. No part of its net earnings inure to the benefit of any member, founder, contributor, or individual, as evidenced by one of the following documents:  
\_\_\_\_\_ Charter **OR** \_\_\_\_\_ Articles of Incorporation
- C. Has a tax exemption ruling from the Internal Revenue Services (IRS) under Section 501(c)(3) or (4) of the Internal Revenue Codes of 1986, as evidenced by:  
\_\_\_\_\_ a 501(c)(3) or (4) Certificate from the IRS.  
**a. OR**  
\_\_\_\_\_ Is classified as a subordinate of a central organization non-profit under Section 905 of the Internal Revenue Code, as evidenced by a group exemption letter from the IRS that includes the CHDO.
- D. Has among its purposes the provision of decent housing that is affordable to low- to moderate-income people, as evidenced by a statement in one of the organization’s documents such as:  
\_\_\_\_\_ Charter \_\_\_\_\_ Articles of Incorporation \_\_\_\_\_ By-laws \_\_\_\_\_ Resolutions

#### **2. CAPACITY**

- A. Conforms to the financial accountability standards of 24 CFR 84.21, “Standards for Financial Management Systems”, as evidenced by one of the following documents:  
\_\_\_\_\_ A notarized statement by the president or chief financial officer of the organization  
\_\_\_\_\_ Certification from a Certified Public Accountant
- B. Has demonstrated capacity for carrying out activities assisted with HOME funds, as evidenced by one of the following documents:  
\_\_\_\_\_ Resumes and/or statements that describe the experience of key staff members who have successfully completed projects similar to those to be assisted with HOME funds.  
  
\_\_\_\_\_ Contract(s) with consultant firms or individuals who have housing experience similar to projects to be assisted with HOME funds, to train appropriate key staff of the organization.

- C. Has a history of serving the community within which housing to be assisted with HOME funds is to be located, as evidenced by one of the following documents:

\_\_\_\_\_ a statement that documents at least one year of experience in servicing the community.

\_\_\_\_\_ for newly created organizations formed by local churches, service or community organizations, a statement that documents that its parent organization has at least one year of experience in serving the community.

The CHDO or its parent organization must be able to show one year of serving the community prior to the date the participating jurisdiction provides HOME funds to the organization. In the statement, the organization must describe its history (or its parent organization's history) of serving the community by describing activities which it provided (or its parent organization provided), such as, developing new housing, rehabilitating existing housing stock, or managing housing stock, or delivering non-housing services that have had lasting benefits for the community, such as counseling, food relief, or childcare facilities. The statement must be signed by the president or other office of the organization.

### 3. ORGANIZATIONAL STRUCTURE

- A. 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 as evidenced by one of the organization's following documents:

\_\_\_\_\_ By-laws, \_\_\_\_\_ Charter **OR** \_\_\_\_\_ Articles of Incorporation

- B. Provides a formal process for low-income, program beneficiaries to advise the organization in all of its decisions regarding the design, siting, development, and management of affordable housing projects, as evidenced by one of the following documents:

\_\_\_\_\_ By-laws, \_\_\_\_\_ Resolution **OR** \_\_\_\_\_ A written statement of operating procedures approved by the governing body.

- C. A CHDO may be chartered by a State or local government, but the following restrictions apply:  
The state or local government may not appoint more than one-third of the membership of the organization's governing body  
The board members appointed by the state or local government may not, in turn, appoint the remaining two-thirds of the board members

No more than one-third of the governing board members are public officials (including any employees of the PJ)

These restrictions are evidenced by one of the organization's following documents:

\_\_\_\_\_ By-laws \_\_\_\_\_ Charter \_\_\_\_\_ Articles of Incorporation

- D. If the CHDO is sponsored or created by a for-profit entity, the for-profit entity may not appoint more than one-third of the membership of the CHDO's governing body, and the board members appointed by the for profit may not, in turn, appoint the remaining two-thirds of the board members, as evidenced by one of the CHDO's following documents:  
\_\_\_\_\_By-laws      \_\_\_\_\_Charter      \_\_\_\_\_Articles of Incorporation

4. RELATIONSHIP WITH FOR-PROFIT ENTITIES

- A. The CHDO is not controlled, nor receives directions from individuals, or entities seeking profit from the organization, as evidenced by one of the following documents:  
\_\_\_\_\_By-laws      \_\_\_\_\_A Memorandum of Understanding (MOU)
- B. A Community Housing Development Organization may be sponsored or created by a for-profit entity, however;  
The for-profit entity's primary purposes does not include the development or management of housing, as evidenced by:  
\_\_\_\_\_The for-profit organization's By-laws

**AND**

The CHDO is free to contract for goods and services from vendor(s) of its own choosing, as evidenced in one of the CHDO's following documents:  
\_\_\_\_\_By-laws      \_\_\_\_\_Charter      \_\_\_\_\_Articles of Incorporation





**CHDO Self Certification, page 2.** To be completed by each Board member representing an LMI community, completing Section A, B or C, as applicable.

<p><b>A. Residents of low-income neighborhoods in the Community</b></p> <p>Low-income neighborhoods are defined as neighborhood where 51% or more of the residents are low income.</p>			
<p><b>Name:</b></p>			
<p><b>Home Address:</b></p>			
<p><i>I certify the above information is accurate and correct.</i></p>			
<p>_____ Signature</p>			
<p><b>B. Low-income residents <u>not residing in</u> a low-income neighborhood</b></p>			
<p><b>Name:</b></p>			
<p><b>Home Address:</b></p>			
Family Size	Total Annual Family Income		Amount* *2024
	<b>IS ABOVE</b>	<b>IS BELOW</b>	HUD Income Limits
1			\$53,100
2			\$60,700
3			\$68,300
4			\$75,850
5			\$81,950
6			\$88,000
7			\$94,100
8			\$100,150
<p><i>I certify the above information is accurate and correct.</i></p>			
<p>_____ Signature</p>			

<p><b>C. Elected Representatives of low-income neighborhood organizations</b></p> <p>A low-income neighborhood organization is an organization composed primarily of residents of a low-income neighborhood. The primary purpose of the organization must be to serve the interests of the neighborhood residents. Examples include block groups, town watch organizations, civic associations, neighborhood church groups and NeighborWorks® organizations.</p>
<p><b>Name:</b></p>
<p><b>Home Address:</b></p>
<p><b>Neighborhood Organization:</b></p>
<p><b>Title/Role (President, Vice President, etc.):</b></p>
<p><i>I certify the above information is accurate and correct.</i></p>
<p>_____  <b>Signature</b></p>

HOME Investment Partnership Program

CHDO Certification

C: Board Resolution authorizing submission of this application. (Attach)

## PART 2: ONONDAGA COUNTY HOME FUNDING APPLICATION

### A. Funding Application Information and Agreement *(Answer all questions.)*

#### Applicant / Organization

Applicant Name	
Applicant Address	
Federal Tax ID Number	
UEI Number	

#### Chief Official of Applicant

Name		Title
Mailing Address		Email
Phone		

#### Designated Contact for this Application

Name/ Title	
Address	
Contact Information	Phone: _____ Email : _____

#### Acknowledgements and Agreement

I HEREBY SUBMIT THIS PROPOSAL FOR THE CONSIDERATION OF FINANCIAL ASSISTANCE IN SUPPORT OF THE PROJECT HEREWITHIN DESCRIBED. ALL INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IF SELECTED FOR FUNDING, I WILL COOPERATE FULLY WITH THE ONONDAGA COUNTY TO COMPLY WITH LOCAL AND FEDERAL HOME INVESTMENT PARTNERSHIP PROGRAM GUIDELINES, AS APPLICABLE.

\_\_\_\_\_  
 Signature (Authorized Official)                      Printed Name / Title                      Date

## B. Program Narratives

In the following section, please describe your Project, Target Market and Development History. Include in your narrative the details requested below:

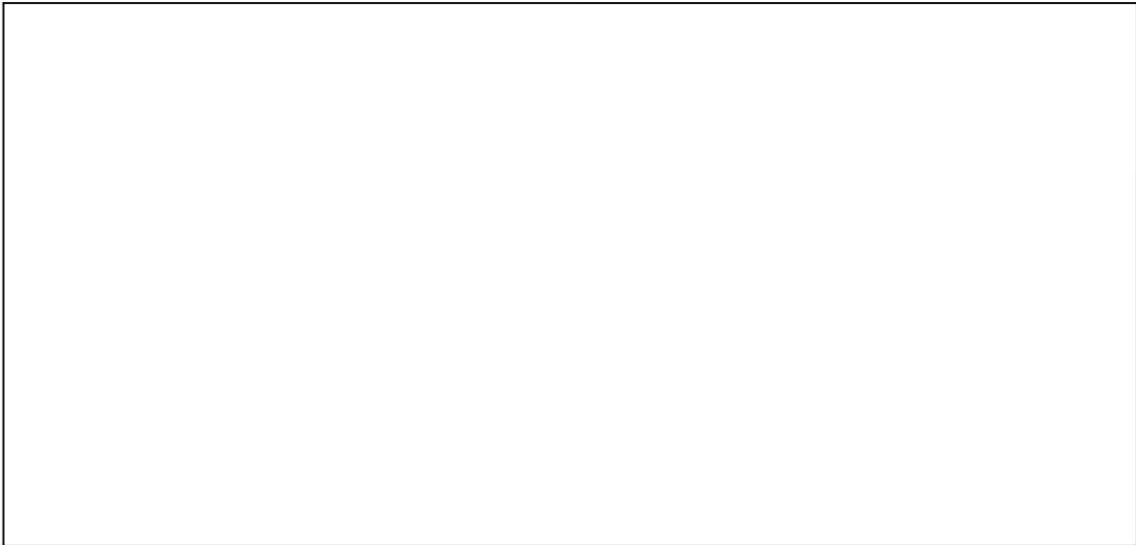
**Project Description** - Provide a detailed description of the CHDO projects your organization is planning for the 2024-2025 program year and/or the CHDO projects that will be constructed. Please include the following information as part of the description.

### Location of the housing units

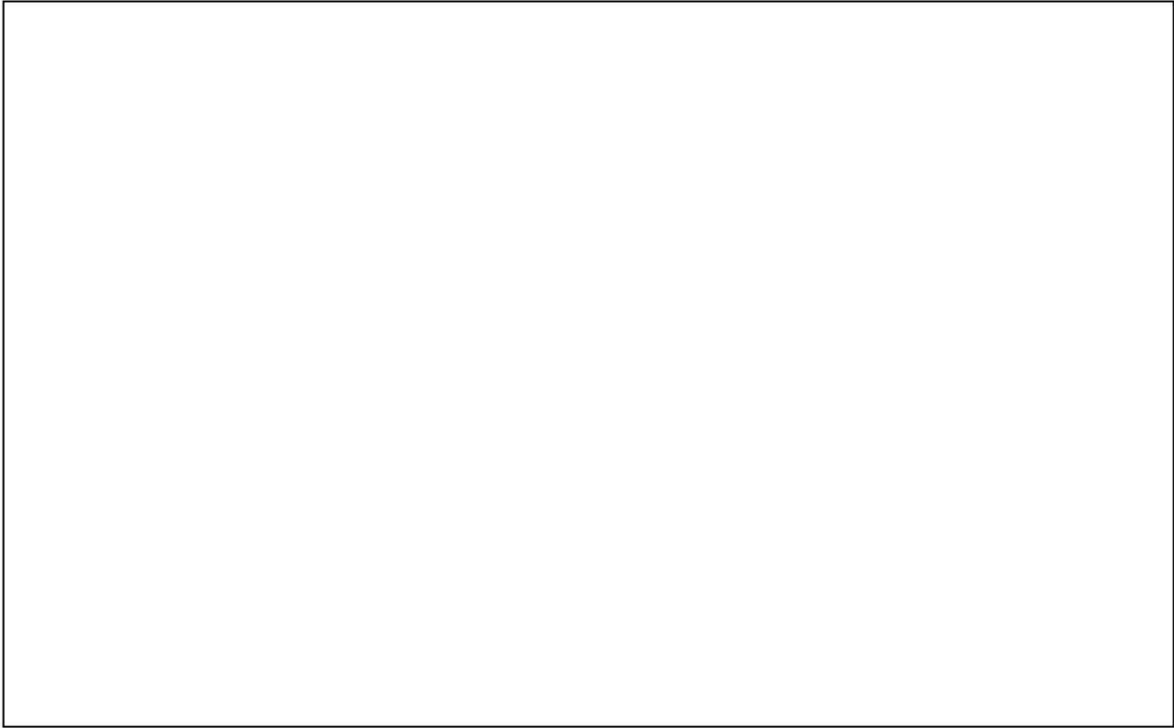
### General redevelopment strategy and how it fits into the neighborhood/block plan



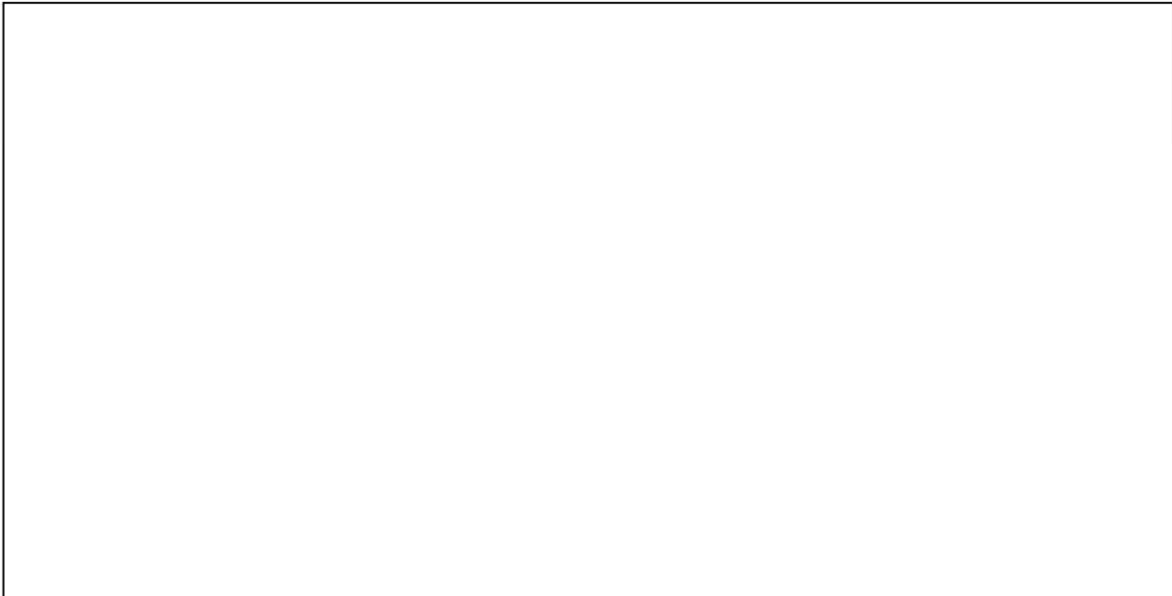
**Number and type of units included**

A large, empty rectangular box with a thin black border, intended for providing the number and type of units included in the project.

**Details regarding building types (number bedrooms/unit, square footage, any special amenities, ownership structure, strategy per unit)**

A large, empty rectangular box with a thin black border, intended for providing details regarding building types, including number of bedrooms per unit, square footage, special amenities, ownership structure, and strategy per unit.

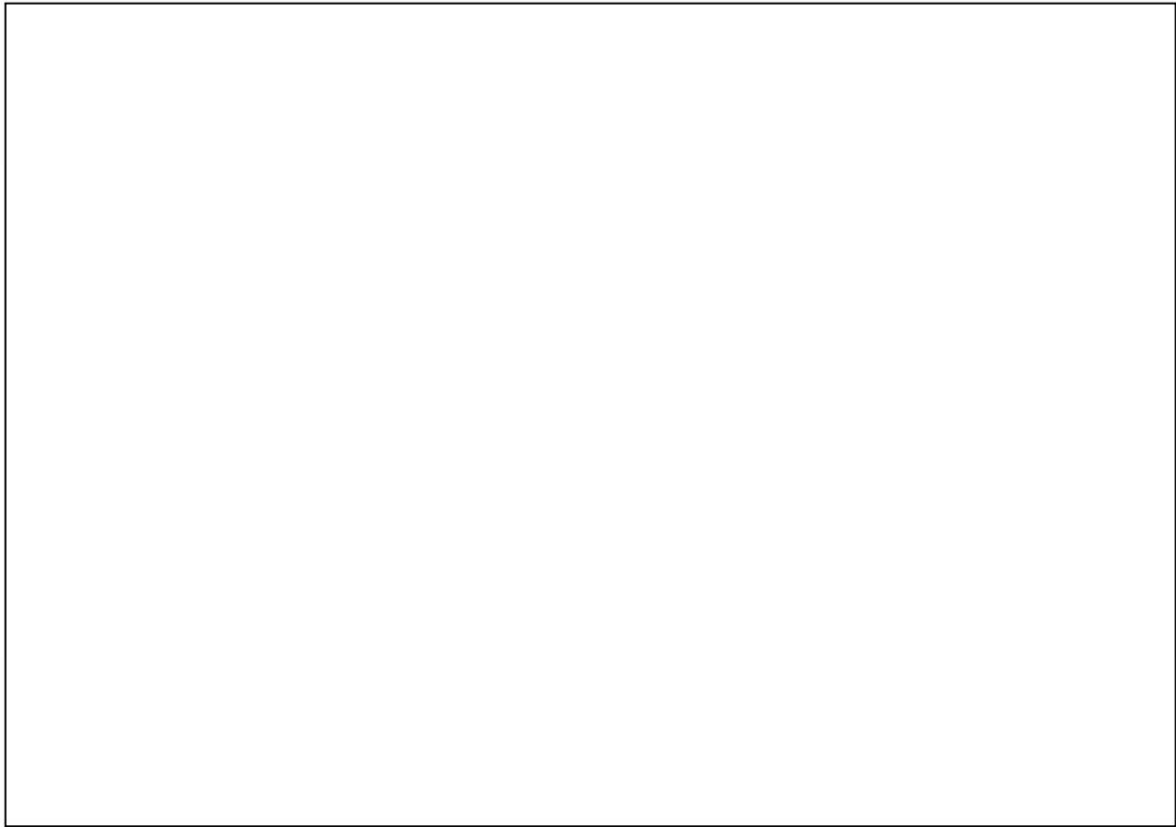
**Details regarding the use of building materials, utility types**



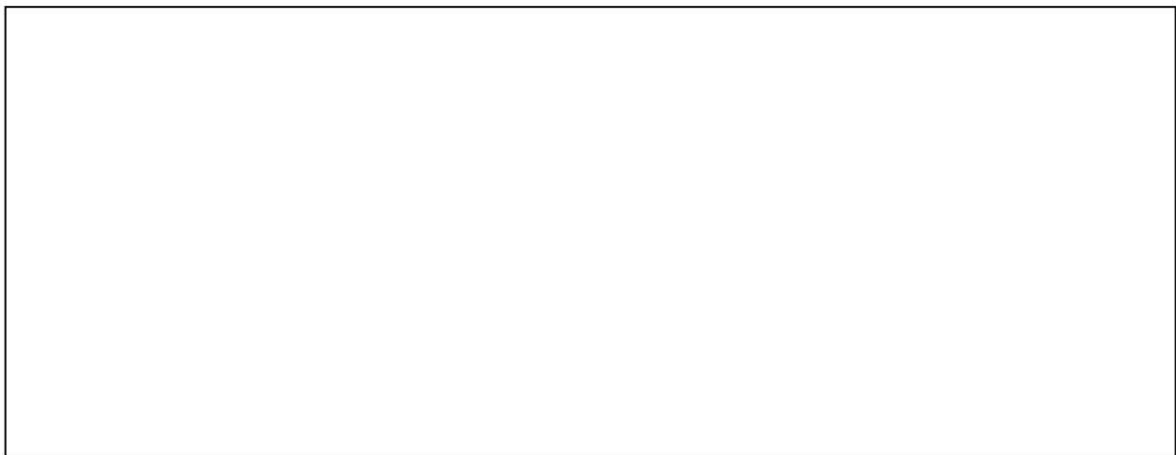
**For proposed rehabilitation please include – the average age of the buildings, extent of rehabilitation to be completed prior to occupancy, number of current occupants, current utilities (type of heating/cooling), and storm drain system.**



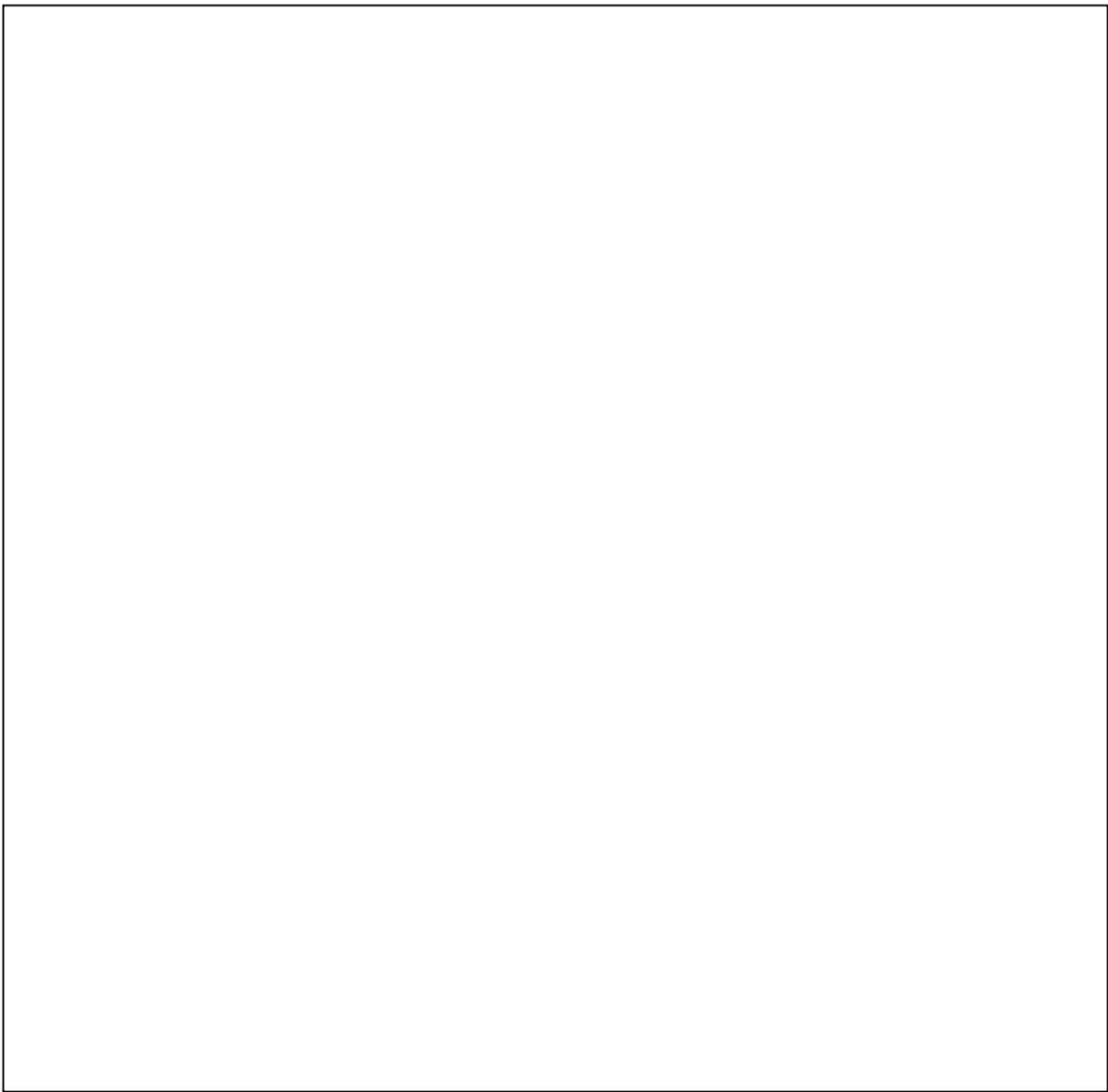
**Describe the construction/development timeline for each CHDO project proposed or underway.**



**Target Market** Describe the targeted population that will occupy the units after development work is complete. Please include information on the target population by income levels, household sizes, tenure (owner occupied, or renter occupied), and any special needs (elderly, physically or mentally disabled, homeless, etc.)



**Development History:** Describe organizational experience or involvement in the development of other housing occupied or owned by the same target market to be assisted through this housing project over the past five years.



C. Program Budget (Attach budget form)