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# DuPage County 2021 CHDO Certification

## Application Part A - Applicant Contact Information

Applicant Name:

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Address:

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City:

State:

ZIP

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Executive Director  
Name:

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Contact Name (if not  
same as above)

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Phone:

Email:

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DUNS #:

CCR #: (CAGE Code - 5  
elements consisting of  
Numbers & Letters).

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Serving as:

- Owner (Rental housing )
- Developer (Rental housing)
- Developer (Housing for homeownership)
- Sponsor (Rental housing)

Project to be funded  
or partly funded  
through 2021  
CHDO set aside:

Authorized Signature (must be original)

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Title: \_\_\_\_\_

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For CDC Office Use Only

Date Application Received: \_\_\_\_\_

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## PART B - CHDO CERTIFICATION REQUIREMENTS

*Basic CHDO requirements are listed below in Section One. Provide evidence of the items listed in Section One. Please review Section Two for additional required submission application documents.*

### Section One:

#### PY2016 CHDO Certification Documentation

Evidence of the following must be submitted to qualify as a CHDO. Label each document submission as Attachment-(Question Number). For example, documentation for Question 1 would be labeled as Attachment-1, utilize letters where appropriate. Certification documents are found in Section Three as Required Attachments:

1. Applicant is organized under state or local laws, as evidenced by its Charter or Articles of Incorporation;
2. Applicant must have received a tax-exempt ruling from the IRS under Section 501(C) of the Internal Revenue Code of 1986, as evidenced by a written ruling from the IRS;
3. Applicant must have a clearly defined geographical service area. A geographical service area may be defined as a neighborhood or neighborhoods, city, or county.
4. Applicant has among its purposes the provision of decent, safe, and sanitary housing that is affordable to low- and moderate- income persons, as evidenced by a statement in the organization's Charter, Articles of Incorporation, By-Laws, or a Resolution of the CHDO's board of directors;
5. Applicant conforms to the financial accountability standards of 24 CFR 84.21, "Standards for Financial Management Systems", as evidenced by a notarized statement by the president, or chief financial officer of the organization, a certification from a Certified Public Accountant or a HUD approved audit summary;
6. Applicant has a demonstrated capacity for carrying out activities assisted with HOME funds, as evidenced by 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;
7. Applicant or its parent organization has at least one year of experience in serving the community where housing will be assisted as evidenced by a written statement signed by the president of 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 and managing housing stock, or delivering non-housing services that have had lasting benefits for the community, such as counseling, food relief, or childcare facilities;
8. Applicant maintains **at least** one-third of its governing board's membership as residents of low-income neighborhoods, low-income community residents, or elected representatives of low-income neighborhood organizations such as block clubs or neighborhood watches as evidenced by a resolution from the low-income organization's board. **A list of board members must be provided indicating which are low-income representatives and how they qualify to meet the eligibility.** (Use table included as part of Attachment B.) Under the HOME Program, for urban areas, the term "community" is defined as one or several neighborhoods, a city, county, or metropolitan area;

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9. Applicant 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 all HOME-assisted affordable housing projects, as evidenced by the organization's By-Laws, Resolutions, or written statement of operating procedures approved by the governing body;
  10. A **maximum** of one-third of the applicant's governing board membership may consist of representatives of the public sector, as evidenced by the organization's By-Laws, Charter, or Articles of Incorporation. Indicate such members on the table included as part of Attachment B. The public sector is defined as elected officials, appointed public officials, public employees, and appointees of public officials. Public sector representatives may not, in turn, appoint other members of the board of directors;
  11. If the applicant is sponsored or created by a for-profit entity, the for-profit entity's primary purpose may not include the development or management of housing. The CHDO may not be controlled by, nor under the direction of, the for-profit entity or individuals seeking profit from the organization and the CHDO must be free to contract goods and services from vendor(s) of its own choosing as evidenced by the CHDO's By-Laws, Charter, or Articles of Incorporation; and
  12. If the applicant 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 entity may not, in turn, appoint the remaining board members, as evidenced by the CHDO's By-Laws, Charter, or Articles of Incorporation.
  13. The applicant must provide proof of Central Contractor Registration with your application submittal

#### Section Two:

#### Federal PY2012 Appropriations Act and HOME Investment Partnerships Final Rule 2013 CHDO Certification Documentation

Submit evidence to document the requirements below and answer narrative requirements accordingly. Label each document submission as Attachment-(Question Number). For example, documentation for Question 22 would be labeled as Attachment-22, utilize letters where appropriate. Certification documents are found in Section Three as Required Attachments:

14. To demonstrate conformance with 24 CFR 84.21, Standards for Financial Management Systems, applicants are required to submit a copy of the organization's financial management policies and procedures, and provide narrative responses, including a citation reference to the policies and procedures document to the points below:
  - a. Specify the nature of which financial records are maintained. Describe the basis of data development, analysis, and records used for accounting.
  - b. Explain how records source the receipt and use of funds per funding type
  - c. Identify controls to account for funding, real property, assets, and physical property to insure usage is for applicable purposes
  - d. Outline the organization's budgeting system
  - e. Outline the procedure to track financial expenditures in relation to actual unit costs and actual time accruals (i.e. salaries per grant related projects)
  - f. Describe the process for accepting funds, requisitions, disbursements, and accounting methods
  - g. Outline procedures for determining whether financial disbursements are program eligible

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- h. Outline dates for organizational audit activity
  15. Submit a copy of the organization's most current balance sheet
  16. Submit a copy of the organization's most current audit
  17. Submit a copy of the organization's most current profit and loss statement/income statement
  18. Applicant has a current conflict of interest policy that conforms with 24 CFR Part 92.356  
Applicant is to complete Conflict of Interest Certification Form (Attachment A)
  19. Applicant is to certify the low-income designations of each low-income Board member;  
complete Low-Income Board Member Certification Form. Applicant is to complete Board Membership Forms (Attachment B)
  20. To demonstrate compliance with CHDO staff definition, the following documentation must be provided:
    - a. Listing of Staff members of CHDO – provide name and title, identify if full-time, part-time, contracted employee and hours worked per pay period
    - b. Job description for each staff position including day-to-day responsibilities and programmatic responsibilities
    - c. Resumes for currently employed staff – addendum to resume may be provided to specifically outline the past experience of employees to specific current CHDO programming
    - d. Evidence of payment to currently employed staff, may include payroll, w-2, s-4, and if contracted, must include copy of contract agreement, w-9 and 1099; personal information should be removed, a form of identifier i.e. employee name or position must be referenced on documentation
  21. Applicant is to provide a statement of current projects under construction both HOME and non-HOME, scope of work and timelines for each project
  22. Applicant is to provide timeline and scope for future projects over course of next twelve calendar months
  23. Applicant is to provide history of development experience as related to the proposed 2017 HOME project. Example, if applicant is developing an 8-unit building, provide similar project experience background as related to rental development and multi-unit development
  24. Applicant should identify project selection policies and procedures. This may be a narrative document, or excerpt from an organization's policy and procedure manual
  25. Applicant is to provide a listing of the organizations current asset portfolio including the designation of project type (i.e. rental, single-family), number of units, in-service date, and periods of affordability as applicable
  26. Applicant is to provide an outline of development team members per project type – if members are not specific employee positions, identify standing professional partnerships (i.e. management companies, architects) or process for selecting such partnerships
  27. Complete Certification of Application Documents (Attachment C)

Section Three:

CHDO Certification Documents: Each of the attached documents is to be completed.

Attachment A– Certification of Conflict of Interest Compliance

Attachment B– Certification of Low-Income Board members (1 form per each member); Board Membership Forms

Attachment C – Certification of Application Documents

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## Certification of Conflict of Interest Compliance

### Attachment A

The applicant organization agrees to abide by the provisions of 24 CFR 92.356 and any referenced CFR provisions, or that of State and local provisions with respect to conflicts of interest, and covenants that it currently has no existing conflicts that warrant remedy under said regulations. Specifically, under the development, ownership, and sponsorship of projects, all of which are non-profit and/or CHDO activities, no organization or its officers, employees, agents, elected or appointed officials, or consultants may occupy a HOME-assisted affordable housing unit. Additionally, the applicant organization and its officers, employees, agents, elected or appointed officials, or consultants has no financial interest and shall not acquire any financial interest or such benefit that would conflict in any manner or degree with the performances of services required per this application, receipt of a CHDO certification, or HOME-financed contracts. Further, said persons shall not have an interest in any contracts, subcontractors, or agreements as a result of this application, pending CHDO certification or HOME-financed contracts for themselves or those with whom they have family or business ties. Finally, no person outlined herein may acquire a financial interest or any such benefit due to family or business ties to a known member, employee, agent, consultant, officer, or elected or appointed official of the participating jurisdiction DuPage County of the State of Illinois.

#### Certification of Conflict of Interest:

This certification applies to the applicant organization, and all its employees and members of the Board of Directors, and any and all persons subscribed as having an interest in the organization.

Organization Name: \_\_\_\_\_

#### Certification statement:

\_\_\_\_\_ (name or organization) certifies to the best of real knowledge that all employees and members of the governing Board of Directors are in compliance with Conflict of Interest regulations as per 24 CFR 92.356, and as specifically described herein.

By: \_\_\_\_\_

Signature of Board of Directors President or Organization President/Executive Officer

Signed (or subscribed or attested before me on \_\_\_\_\_, 20\_\_.

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Signature of Notary Public

Notary Seal:

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## Certification of Low-Income Board Membership

### Attachment B

The following certification document is to be completed by each Board Member of the applicant organization deemed a representative of low-income persons.

Name of Board Member: \_\_\_\_\_

I, \_\_\_\_\_, certify I am a member of the governing board of \_\_\_\_\_ and that I represent the interests of low-income persons in DuPage County. I am:

(select one of the following)

A low-income resident of DuPage County as classified by the 80% area median income definition.

<i>How many persons live in your home?</i>	_____ persons
<i>What is the total yearly income* of ALL persons, 18 years and older, living in your household?</i>	\$_____ total yearly household income

**\*Note:** Total yearly income means all funds (salaries, dividends, interest, etc.) received during the year, before taxes.

**Please note that in order to qualify as low-income resident, the total yearly household income has to be less than the Section 8 income limits listed below, which HUD updates annually.**

Persons in Household	1	2	3	4	5	6	7	8
80% AMI (gross income)	\$51,000	\$58,250	\$65,550	\$72,800	\$78,650	\$84,450	\$90,300	\$96,100

A resident of a low-income neighborhood in DuPage County. Provide address: \_\_\_\_\_ . CDC will confirm.

An elected representative of a low-income neighborhood organization such as block clubs or neighborhood watches as evidenced by a resolution from the low-income organization's board. (Copy of resolution attached.)

By: \_\_\_\_\_  
Signature of person whose name appears in the statement above

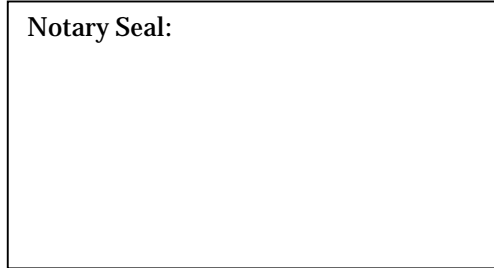
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Signed (or subscribed or attested before me on \_\_\_\_\_, 20\_\_.

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Signature of Notary Public

Notary Seal:



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## Board Membership Information

### Attachment B (Continued)

<i>A. How often does your Board of Directors meet?</i>	
<i>B. What are the standing Board Committees? (add more lines as necessary)</i>	
<i>Committee Name</i>	
1	
2	
3	
4	
5	
6	
7	
8	
<i>C. Board President:</i>	
<i>Name</i>	
<i>Mailing Address</i>	
<i>Start Date</i>	
<i>Term Expiration Date</i>	
<i>D. Identify specific activities of board members that related directly to the development and financing of housing; include additional activities or characteristics relative to operations as a CHDO.)</i>	
<i>E. Explain any recent changes to the composition of the Board, such as turnover, a new President, etc.</i>	



Board Member Listing: You may expand this table to include additional board members if needed.

	1	2	3	4
Current Board Members	Resident of a Low-Income Neighborhood in the Community  (check box)  <b>(Supply Certification of Low Income Board Membership Form)</b>	Low-Income Resident of Community  (check box)  <b>(Supply Certification of Low Income Board Membership Form)</b>	Elected Representative of Low-Income Neighborhood Organization  (check box)  <b>(Supply Certification of Low Income Board Membership Form)</b>	Public Official or Employee  (check box)
1. Name:				
Employer:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Title:				
2. Name:				
Employer:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Title:				
3. Name:				
Employer:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Title:				
4. Name:				
Employer:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Title:				
5. Name:				
Employer:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Title:				
6. Name:				
Employer:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Title:				

7. Name:				
Employer:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Title:				
8. Name:				
Employer:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Title:				
9. Name:				
Employer:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Title:				
10. Name:				
Employer:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Title:				
11. Name:				
Employer:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Title:				
12. Name:				
Employer:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Title:				
13. Name:				
Employer:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Title:				
14. Name:				
Employer:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Title:				



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## PY2016 CHDO Certification Application Submission Certification

### Attachment C

The undersigned, as an essential part of the Application for designation of Certification as a Community Housing Development Organization (CHDO) hereby certifies that the information contained herein is true to the best of the undersigned's knowledge and belief. Falsification of information supplied in this Application may disqualify the submission for CHDO Certification and/or for pending and future HOME funds. The information given by the Applicant may be subject to verification by the DuPage County CDC. Submission of this Application shall be deemed an authorization to the DuPage County CDC to undertake such investigations as it deems necessary to determine the accuracy of this Application and the appropriateness of certifying the applicant organization. If any information changes after submission of this Application the undersigned agrees to notify the DuPage County CDC immediately.

The undersigned also agrees that any commitment by the DuPage County CDC to certify the organization, HOME funding that may be forthcoming as a result of certification from this Application is conditioned by the DuPage County Community Development PY2016 HOME Program Guidelines, the DuPage County Community Development Commission's policies for the HOME Program, and the Applicant's continued compliance with those guidelines and any HUD regulations governing the HOME program. The undersigned also hereby certifies that the governing body of the Applicant has formally authorized the undersigned to execute the documents necessary to make this Application.

Name of Representative:
Title:
Phone:
E-Mail:
Address for Correspondence:

Certification Signature:

By \_\_\_\_\_

in the County of DuPage, Illinois

Signed (or subscribed or attested before me on \_\_\_\_\_, 20\_\_.

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Signature of Notary Public

Notary Seal: