

## CHDO Certification Application Form and Tier 1 Regulatory Thresholds Checklist

Applicant Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Executive Director Name: \_\_\_\_\_

Contact Name (if not same as above): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

DUNS #: \_\_\_\_\_

### CHDO Application Submission Certification

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 Lake County Consortium and its members, the Lake County Housing and Community Development Commission, or Lake County Community Development serving in its capacity as administrator of the Lake County Consortium HOME Program. Submission of this Application shall be deemed an authorization to the Consortium 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 Consortium immediately.

The undersigned also agrees that any commitment by the Consortium to grant or loan the organization HOME Program funding that may be forthcoming as a result of CHDO certification by means of this Application is conditioned by the Lake County Consortium PY2019 HOME Program Guidelines, the Housing and 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.

Representative Name (if not same as above): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Certification Signature: \_\_\_\_\_

### Tier 1 Regulatory Thresholds Checklist

This checklist helps ensure that compliance with all regulatory thresholds is evident within this application and attachments. The majority of requirements are fulfilled through the Charter and Articles of Incorporation, By-laws, and Board Member Roster (attachments 1-3). Besides each of these requirements, please check the box associated with the document that meets the requirement. Requirements 5, 13, 15, 16, and 17 are fulfilled with attachments 4-7 and have been filled in for you.

| Requirement                                                                          | Charter/<br>Articles of<br>Incorp.<br>(Att. 1) | By-laws<br>(Att. 2) | Board<br>Member<br>Roster<br>(Att. 3) | N/A | Other<br>Attach-<br>ments |
|--------------------------------------------------------------------------------------|------------------------------------------------|---------------------|---------------------------------------|-----|---------------------------|
| 1. Organized under state or local law                                                |                                                |                     |                                       |     |                           |
| 2. Purpose to provide affordable housing                                             |                                                |                     |                                       |     |                           |
| 3. No part of net earnings to benefit an individual                                  |                                                |                     |                                       |     |                           |
| 4. Not under the control of entity seeking profit                                    |                                                |                     |                                       |     |                           |
| 5. Tax exempt                                                                        |                                                |                     |                                       |     | Att. 4                    |
| 6. Not a governmental entity                                                         |                                                |                     |                                       |     |                           |
| 7. No more than 1/3 of board are public officials                                    |                                                |                     |                                       |     |                           |
| 8. Government employees cannot be officers/employees                                 |                                                |                     |                                       |     |                           |
| 9. If created by a government entity, that entity cannot appoint more than 1/3 board |                                                |                     |                                       |     |                           |
| 10. If organization was created by for-profit entity:                                |                                                |                     |                                       |     |                           |
| 10.a. For-profit primary purpose                                                     |                                                |                     |                                       |     |                           |
| 10.b. For-profit may not appoint more than 1/3 board                                 |                                                |                     |                                       |     |                           |
| 10.c. For-profit officers cannot be officers/employees                               |                                                |                     |                                       |     |                           |
| 10.d. CHDO is free to contract with others                                           |                                                |                     |                                       |     |                           |
| 11. Designated service area                                                          |                                                |                     |                                       |     |                           |
| 12. At least 1/3 board low-income                                                    |                                                |                     |                                       |     |                           |
| 13. Formal process for low-income input                                              |                                                |                     |                                       |     | Att. 5                    |
| 14. At least 1 year serving community                                                |                                                |                     |                                       |     | Applica<br>tion           |
| 15. Conforms to 2 CFR 200.302-303                                                    |                                                |                     |                                       |     | Att. 7                    |
| 16. Active DUNS number and SAM account                                               |                                                |                     |                                       |     | Applica<br>tion<br>Form   |
| 17. Conflict of Interest Policy                                                      |                                                |                     |                                       |     | Att. 6                    |