

MONTANA HOME PROGRAM
January 1, 2014 – December 31, 2014 CHDO RECERTIFICATION FORM

Organization Legal Name: _____

Chief Executive Officer: _____ Title: _____

CHDO Contact Person: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____ Fax: _____

I. CHDO Status (Check one)

- A. The organization no longer wants to be a state-certified CHDO.
Skip remainder of this form and return this page to the HOME Program.
- B. The organization wishes to remain active as a state-certified CHDO.
Fill out the remainder of this form.

II. Financial Status (Check one)

- A. Attach or email copies of **BOTH** the organization's most recent audit and forecasted operating budget for the upcoming year

OR

- B. If the copies of **BOTH** the requested documents above have been sent to the Housing Division prior to this certification, mark this box:

Date Sent: _____

NOTE: Copies of the requested financial documents can also be emailed to
HOMEprogram@mt.gov

III. Legal Status

- A. Has the organization changed its legal name since certified as a CHDO?
 YES NO
If YES, **attach** copy of certificate from the Secretary of State certifying the change.
- B. Has the organization amended its articles of incorporation or by-laws since certified as a CHDO?
 YES NO
If YES, **attach** an amended copy.
- C. Has the organization revised its tax-exempt status with the IRS since certified as a CHDO?
 YES NO
If YES, **attach** a letter from the IRS indicating how the status has changed.
- D. Has the organization revised its purpose or mission statement since certified as a CHDO?
 YES NO
If YES, **provide** a copy of the by-laws or board resolution as evidence of this change.

IV. Counties Served

- A. List the counties served by your organization in the left column; then fill out the rest of the form as appropriate (on page 2). The last two columns will only be filled out if requesting to add or delete service area counties. When adding a county to a service area, the organization must provide documentation of at least one year of service in that county.
- B. Highlight your service area on the enclosed map (page 3).

NAME OF CHDO: _____

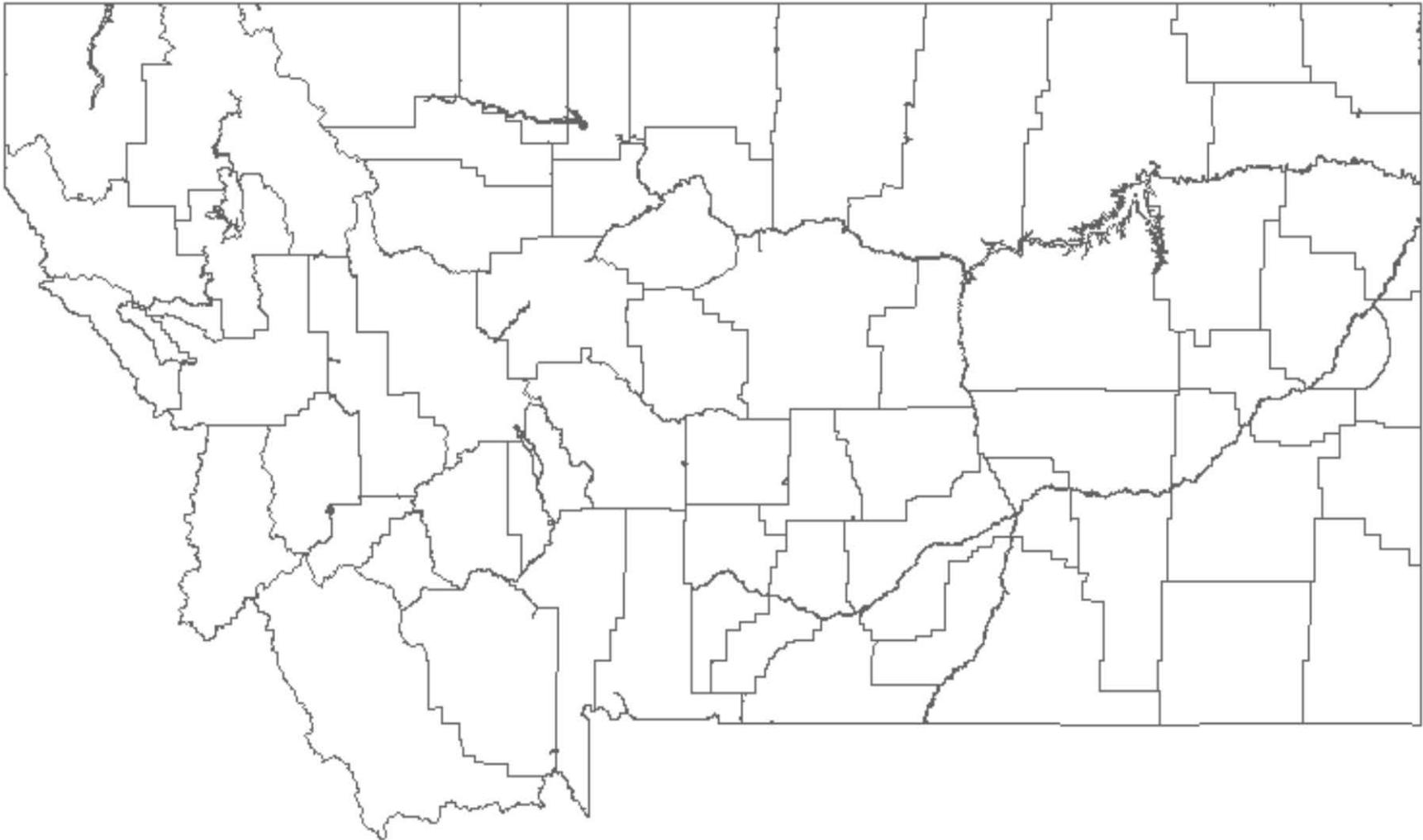
RECERTIFICATION YEAR: 2014

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No.	Counties	Current State-Certified CHDO Service Area (Check box)	Requesting to Add a County to the CHDO Service Area (Check Box)	Requesting to Delete a County from the CHDO Service Area (Check box)
1	Anaconda-Deer Lodge			
2	Beaverhead			
3	Big Horn			
4	Blaine			
5	Broadwater			
6	Butte-Silver Bow			
7	Carbon			
8	Carter			
9	Cascade			
10	Chouteau			
11	Custer			
12	Daniels			
13	Dawson			
14	Fallon			
15	Fergus			
16	Flathead			
17	Gallatin			
18	Garfield			
19	Glacier			
20	Golden Valley			
21	Granite			
22	Hill			
23	Jefferson			
24	Judith Basin			
25	Lake			
26	Lewis and Clark			
27	Liberty			
28	Lincoln			
29	Madison			
30	McCone			
31	Meagher			
32	Mineral			
33	Missoula			
34	Musselshell			
35	Park			
36	Petroleum			
37	Phillips			
38	Pondera			
39	Powder River			
40	Powell			
41	Prairie			
42	Ravalli			
43	Richland			
44	Roosevelt			
45	Rosebud			
46	Sanders			
47	Sheridan			
48	Stillwater			
49	Sweet Grass			
50	Teton			
51	Toole			
52	Treasure			
53	Valley			
54	Wheatland			
55	Wibaux			
56	Yellowstone			

NAME OF CHDO: _____

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(Highlight/color service area)

NAME OF CHDO: _____

RECERTIFICATION YEAR: 2014

V. Affordable Housing Production

- A. List below every county in your CHDO service area. *(Copy additional pages as necessary)*
- B. In the center column, list all CHDO-eligible **MDOC HOME-funded** projects that your CHDO has undertaken in that county since initial certification. These are Montana Department of Commerce (MDOC) funded HOME-CHDO eligible projects **ONLY**. **Do not include** other Participating Jurisdiction (e.g., cities of Billings, Great Falls, or Missoula) funding in this column or other funding.
- C. In column on the right, list **all other** affordable housing activities that your CHDO has undertaken in the corresponding county. List the activity type and the type of funding such as MDOC-HOME (non-CHDO), MDOC-CDBG, Entitlement-CDBG, Entitlement-HOME, FHLB-AHP, FHLB-CIP, Rural Development, LIHTC, etc.

	County A.	MT HOME CHDO Activity (MDOC Funded) Year & Activity Type B.	Other Affordable Housing Activity (If MDOC funded please list Year & Activity Type) C.
1			
2			
3			
4			
5			
6			
7			
8			
9			

VI. Organization Structure

- A. Please list your current board members' names, addresses, employer, and position, title, occupation, etc... If additional space is needed, make additional copies of the second page.
- B. Indicate which of the individuals listed below meet the 1/3 low-income representation criteria as required by HUD in 24 CFR Part 92.2. There are three ways to meet this requirement:
 (1) Residents of low-income neighborhoods in the community
 (2) Low-income residents of the community
 (3) Elected representatives of low-income neighborhood organizations
Note: If the minimum low-income representation for your organization is larger than any whole number, please round up to the next whole number. [Example: 10 board members x .33 = 3.3; low-income representation must be at least 4].
Note: If an individual board member does not meet one of the three definitions listed, do not check any box (i.e., leave all the boxes blank for that board member).
- C. In addition to the minimum low income representation noted in (B.) above, **no more than one-third of the Board may consist of representatives of the public sector**, i.e., elected or appointed public officials, public employees (including schools), or private individuals appointed to serve by public officials. [Example: 10 board members x .33 = 3.3; public sector representation must not exceed **3**]

No.	Board Member Name & Address Employer Position, Title, Occupation, etc.	Resident of Low-Income Neighborhood or Other Low-Income Community Representative ¹	Elected Representative of Low-Income Neighborhood Organization ²	Representatives of the Public Sector ³
1.	Name: _____ Address: _____ _____ _____ Employer: _____ Position: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Name: _____ Address: _____ _____ _____ Employer: _____ Position: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Name: _____ Address: _____ _____ _____ Employer: _____ Position: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Name: _____ Address: _____ _____ _____ Employer: _____ Position: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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No.	Board Member Name & Address Employer Position, Title, Occupation, etc.	Resident of Low-Income Neighborhood or Other Low-Income Community Representative ¹	Elected Representative of Low-Income Neighborhood Organization ²	Representatives of the Public Sector ³
_____	Name: _____ Address: _____ _____ Employer: _____ Position: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	Name: _____ Address: _____ _____ Employer: _____ Position: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	Name: _____ Address: _____ _____ Employer: _____ Position: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	Name: _____ Address: _____ _____ Employer: _____ Position: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	Name: _____ Address: _____ _____ Employer: _____ Position: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Make additional copies of this page as needed.

NAME OF CHDO: _____

RECERTIFICATION YEAR: 2014

	Resident of Low-Income Neighborhood or Other Low-Income Community Representative ¹	Elected Representative of Low-Income Neighborhood Organization ²	Representatives of the Public Sector ³
Total Number of Representatives:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Percent of Total:	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Must be **less than** 1/3 of membership)

NOTES: List **current** Board members. If a position is currently vacant, list it as "Vacant".

¹ Residents of low-income neighborhoods in the community

- ✓ Low-income neighborhoods are defined as neighborhoods where 51% or more of the residents are low-income
- ✓ Residents of low-income neighborhoods on CHDO boards do not have to be low-income themselves

Low-income residents of the community

- ✓ In urban areas, "community" is not necessarily limited to a single neighborhood, but may include several neighborhoods, the city, county, or metropolitan area
- ✓ In rural areas, "community" may also cover a multi-county area (but not the whole state); the board need not include low-income residents from each county in the multi-county area
- ✓ Low-income residents of low-income neighborhoods in the community do not need to submit proof of their income
- ✓ If low-income residents of the community who do not live in low-income neighborhoods are necessary to meet this threshold, the CHDO must obtain a certification from the resident that the resident does qualify as low-income

² Elected representatives of low-income neighborhood organizations:

- ✓ 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
- ✓ Block groups, town watch organization, neighborhood church groups, and NeighborWorks® organizations can be examples of low-income neighborhood organizations
- ✓ The governing body of the low-income neighborhood organization may elect the representatives to serve on the CHDO board

³ **Public Sector Limits:** A **maximum** of one-third (1/3) or the governing board may consist of representatives of the public sector.

- This limitation is intended to ensure that separation exists between government and CHDOs and that CHDOs are indeed community-based and community-controlled organizations
- A member of the governing board of a CHDO would be considered a representative of the public sector if he or she is a public official, including:
 - Elected officials of the state of Montana or local government – council members, aldermen, commissioners, state legislators, members of the school board, etc.
 - Appointed officials of the state of Montana or local government – members of a planning or zoning commission, or of any other regulatory and/or advisory boards or commissions that are appointed by a state or local government official
 - Public employees of the state of Montana or local government – all employees of public agencies (including the schools) or departments of the state or local government (e.g., a clerk in the water and sewer department, a public facility janitor, or a secretary in the tax assessment office)
 - Appointed by a public official – any individual who is not necessarily a public official, but who has been appointed by a public official (as described above) to serve on the CHDO board
- Members of the Board appointed by public officials cannot select other members of the Board
- What if the public official is low-income? Public officials and/or appointees who themselves are either low-income community residents or residents of a low-income neighborhood count against the one-third maximum limit of public sector representatives. They do not count toward the one-third minimum requirement of community representatives

I certify that the information submitted in the Community Housing Development Organization (CHDO) Recertification Form is current.

NAME OF CHDO **2014**
RECERTIFICATION YEAR

Chair of Board **Date**

Executive Director **Date**

The HOME Program has reviewed the recertification form and has determined that your organization meets all HUD requirements for recertification as a CHDO under the HOME Investment Partnerships Program. This certification expires December 31, 2014.

HOME Bureau Chief **Date**
Montana Department of Commerce

Return completed forms IMMEDIATELY if your CHDO is currently in the process of applying for a HOME grant. Otherwise submit no later than February 14, 2014 to:

HOME Program
Montana Department of Commerce
PO Box 200545
Helena, MT 59620