Alabama Housing Finance Authority

Community Housing Development Organization Forms

ALABAMA HOUSING FINANCE AUTHORITY

2021

COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO) APPLICATION

Non-Profit Applicant Name:

Application Date:

Click or tap to enter a date.

|  |  |
| --- | --- |
| Organization Name |        |
| Ownership Entity Name |        |
| DUNS Number |        |
| Tax ID Number |        |
|  Organization Address |  Mailing |  Physical |
|        |        |
|         |         |
|        |        |
| Contact Name / Title |        |
| Contact’s Email Address |         |
| Contact’s Phone Number |        |
| Board President Name |        |
| Board President’s Email |        |
| Board President’s Phone |        |
| Project Name in Current Competitive Cycle |        |

**For the Current Competitive Application Cycle**, please describe the CHDO eligible activity(ies) for which the organization seeks CHDO Eligibility. Include project name, project location, number of units, and tenant type. *If the organization is also a CHDO in Active AHFA projects, please complete the Recertification section below.*

|  |
| --- |
|       |

**For CHDO Recertification:**

|  |  |  |
| --- | --- | --- |
| Project Name | Project Location | AHFA Project Number |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

I certify that the submission of this application has been approved by at least a 2/3 vote of the Board of Directors.

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

 (Signature) Date

 Name of Signatory

Its:

 Role of Signatory

Each board member representing the interests of low-income families in the Applicant's target community must complete this certification. Please retain a copy of this certification for your files. These certifications will be reviewed during monitoring visits by AHFA.

Board Member Name:

I certify that I am a current member in good standing of the governing board for  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.

*In order to qualify under this criterion, the board member must be a low-income resident of a community that the Organization serves.* ***Low-income*** *is defined as 80% or less of area median family income.*

[ ]  I am a resident of a low-income neighborhood in  , the Applicant’s target community.

*In order to qualify under this criterion, the board member must live in a low-income neighborhood where 51% or more of the residents are low-income. The board member does not have to be low-income.* ***Neighborhood*** *means a geographic location designated in comprehensive plans, ordinances, or other local documents as a neighborhood, village, or similar geographical designation that is within the boundary but does not encompass the entire area of a unit of general local government.*

[ ]  I am an elected representative of  , a low-income neighborhood organization within , the Applicant’s target community.

*In order to qualify under this criterion, the board member must be elected by a low-income neighborhood organization to serve on the CHDO Board. The organization must be composed primarily of residents of the low-income neighborhood and its primary purpose must be to serve the interests of the neighborhood residents. Such organizations might include block groups, neighborhood associations, and neighborhood watch groups.*

**The group must be a neighborhood organization and IT MAY NOT BE THE CHDO ITSELF. If the board member is qualifying under this criterion, please attach copy of signed resolution from the neighborhood organization naming the individual as their representative on the CHDO.**

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

 (Signature) Date

 Name of Board Member

**Duplicate This Page As Necessary To List All Board Members: Page** Choose an item. **of** Choose an item.

Boards of Directors must consist of no fewer than 5 members who represent the Public, Private, and Low-Income sectors of the applicant’s service community(ies). Please list each board member, indicate the sector representation of the member for the Board. List only current and formally approved board members.

|  |  |
| --- | --- |
| **Name of Organization:**Click or tap here to enter text. | **Organization Executive Director:**Click or tap here to enter text. |
| **Complete for All Members** | **Complete Only for Low-Income Sector Members** |
| Board of Directors | Sector Representation | **Low-Income Qualifying Criteria** |
| Low-Income | Resident of LI Neighborhood | Elected Representative of LI Organization |
| Name:      Board Title:       Occupation:      Employer:      Term dates: Click or tap to enter a date. - Click or tap to enter a date. Total Years as Board Member:       | Choose an item. | Household Size: Choose an item.% Area Median Income: Choose an item. | Census Tract:      Address:           | Organization Name:      |
| Name:      Board Title:       Occupation:       Employer:      Term dates: Click or tap to enter a date. - Click or tap to enter a date.Total Years as Board Member:        | Choose an item. | Household Size: Choose an item.% Area Median Income: Choose an item. | Census Tract:      Address:           | Organization Name:      |
| Name:      Board Title:       Occupation:      Employer:      Term dates: Click or tap to enter a date. - Click or tap to enter a date.Total Years as Board Member:        | Choose an item. | Household Size: Choose an item.% Area Median Income: Choose an item. | Census Tract:      Address:           | Organization Name:      |
| Name:      Board Title:       Occupation:      Employer:      Term dates: Click or tap to enter a date. - Click or tap to enter a date.Total Years as Board Member:        | Choose an item.  | Household Size: Choose an item.% Area Median Income: Choose an item. | Census Tract:      Address:           | Organization Name:      |

I certify that the above listing of current, participating board members is accurate.

By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap to enter a date.

 (Signature) Date

 Name of Signatory

Its:

 Title

Please attach a signed copy for each staff member or consultant whose experience meets the Development Experience/Capacity requirement. Attach one copy for each project. Functional resumes must be attached.

|  |  |
| --- | --- |
| **Category** | **Description** |
| Staff or Consultant Name |        |
|  Mailing Address |        | Phone Number |
|        |       |
|        | Email |
|        |       |
| Project Name |        |
| Project Location |        |
| Project TypeChoose an item. | Number of Units      | Population ServedChoose an item. |
| Date of Occupancy |  Click or tap to enter a date. |
| Sources of Funds |        |
| Description of Staff /Consultant Role in Project |        |
| Project References*(Name Address Phone)* |                    |

***I certify that the information provided above is accurate and give AHFA consent to contact references as listed above.***

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

 (Signature) Date

 Name of Staff Member

List all low-income housing developed, owned, or managed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Project Name | Location | # of Units | Placed in Service Date | Organization Role | Designated CHDO |
|       |       |       | Click or tap to enter a date. | Choose an item. | Choose an item. |
|       |       |       | Click or tap to enter a date. | Choose an item. | Choose an item. |
|       |       |       | Click or tap to enter a date. | Choose an item. | Choose an item. |
|       |       |       | Click or tap to enter a date. | Choose an item. | Choose an item. |
|       |       |       | Click or tap to enter a date. | Choose an item. | Choose an item. |
|       |       |       | Click or tap to enter a date. | Choose an item. | Choose an item. |
|       |       |       | Click or tap to enter a date. | Choose an item. | Choose an item. |
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|       |       |       | Click or tap to enter a date. | Choose an item. | Choose an item. |
|       |       |       | Click or tap to enter a date. | Choose an item. | Choose an item. |
|       |       |       | Click or tap to enter a date. | Choose an item. | Choose an item. |

***I certify that the information provided above is accurate and give AHFA consent to verify the information listed above.***

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

 (Signature) Date

 Name of Staff Member

The Board of Directors of       met on Click here to enter a date. and authorized the below named individuals to sign contracts, amendments, disbursement requests and other documents requiring such signatures as a part of the AHFA CHDO Certification program:

|  |  |  |
| --- | --- | --- |
| Name      | Title      | Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name      | Title      | Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name      | Title      | Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

The following individuals have been authorized to serve as the primary and secondary contacts for the organization for matters relating to the CHDO Certification Program. Include the corresponding address to which all correspondence and payments to the organization shall be sent.

|  |  |  |
| --- | --- | --- |
| Category | Primary Contact | Secondary Contact |
| Name: |        |        |
| Title: |        |        |
| Address: |                          |                          |
| Phone: |        |        |
| Email: |         |        |

*Changes to contact persons or address must be made in writing to AHFA.*

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

 (Signature) Date

 Name of Signatory

Its:

 Role of Signatory

|  |
| --- |
| **2021 CHDO ELIGIBILITY STATEMENT** |
|  The organization below was reviewed by AHFA Multifamily Staff to determine it meets all CHDO regulatory thresholds, and has a project which meets the eligibility requirements of §92.300 and AHFA to compete for a reservation of CHDO set-aside funds for which it is prepared to submit an application in the AHFA 2021 Competitive Application Cycle. Complete a copy for each Project. |
| **This Section Completed by Applicant** |
|  |  |  |  |
|  | [ ]  | Application for 2021 Competitive Cycle |  |
|  |  |  |  |
|  | [ ]  | Application for Recertification of Previously Awarded AHFA CHDO Projects  |  |
|  |  |  |  |
| Organization: |  |       |  |
| Address: |  |       |  |
| Contact Name: |  |       |  |
| Phone: |  |       |  |
| Email: |  |       |  |
|  |  |  |  |
| Project Name: |  |       |  |
| Address: |  |       |  |
| County: |  |       |  |
| Project #: |  |       |  |
|  |  |  |  |
| **AHFA Use Only** |
|  |  |  |  |
|  |  | Organization is Eligible to compete for CHDO Set-Aside funds in the 2021 AHFA Competitive Funding Cycle with the project listed above. |  |
|  |  |  |  |
|  |  | Organization is Ineligible to compete for the CHDO Set-Aside, but may submit an application in the AHFA 2021 Competitive Funding Cycle. |  |
|  |  |  |  |
|  |  | Organization is Recertified as a CHDO in the above listed Project. |  |
|  |  |  |  |
| Signature |  |  |  |
| AHFA Reviewer |  |  |  |
| Title |  |  |  |
| Date |  |  |  |
|  |  |  |  |