

**City Of Knoxville HOME Program  
2009-2010  
Community Housing Development Organization (CHDO)**

**RECERTIFICATION FOR EXISTING CHDOS**

**Organizations that are interested in becoming certified as a CHDO for the first time should contact Tim Dimick in the Community Development Department at 215-2120. Do not fill out this form if your organization is not currently certified as a CHDO by the City of Knoxville.**

**ORGANIZATION STRUCTURE**

**Name of Organization** \_\_\_\_\_

**Person Authorized to Sign Contracts:** \_\_\_\_\_

**Please list (in Exhibit A) or attach a list of all current Board members including names, board titles, home addresses, and employer. Indicate which members are low-income representatives and the qualifying group (i.e. low income household, resident of low income neighborhood or elected representative of a low income neighborhood organization). Also, indicate which members are public officials, employees or appointed by public officials.**

**Have there been any changes or amendments to your:**

**Bylaws** \_\_\_\_\_yes\*\* \_\_\_\_\_no      **Articles of Incorporation** \_\_\_\_\_yes\*\* \_\_\_\_\_no

**Charter** \_\_\_\_\_yes\*\* \_\_\_\_\_no      **501(c)(3) Status** \_\_\_\_\_yes\*\* \_\_\_\_\_no

**\*\*If yes, please provide copies of the changes/amendments.**

**ACTIVITIES:**

**Provide a description of your housing activities during the past year. And describe your organization's formal process for low-income beneficiary input regarding the design, siting, development, and management of all HOME-assisted affordable housing projects:**

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Please describe your current year's housing production:

	TOTAL PROJECTS	# REHAB UNITS	# NEW UNITS	DATE COMPLETED
RENTAL				
HOME OWNERSHIP				
CO-OP				
LEASE/ PURCHASE				
OTHER				

Comments on current year production: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FINANCIAL DATA:**

**\*\*Attach a copy of your most current audit, financial statements and operating budget. Also attach a notarized certification statement that your organization conforms to 24 CFR 84.21 "Standard for Financial Management Systems". This certification statement must be signed by one of the following persons:**

**President of the Board of Directors or  
Chief Financial Officer or  
Certified Public Accountant**

**CAPACITY:**

**Please provide a list of current staff, contract employee and/or consultants.**

**Have there been any staff/consultant changes in the past year that affect the capacity of your organization to carry out activities with HOME/CHDO funds?**

\_\_\_\_\_yes \*\* \_\_\_\_\_no

**\*\*If yes, please provide evidence of current capacity with:**

\_\_\_\_\_Resumes and/or statements that describe the experience of key staff members who have successfully completed projects similar to this to be assisted with

**HOME funds, OR**

**\_\_\_\_\_ contracts 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 nonprofit.**

**Have there been any other changes in your organization that would have an impact on your status as a Community Housing Development Organization (CHDO)?**

**If yes, please explain: \_\_\_\_\_**

\_\_\_\_\_

\_\_\_\_\_

**I attest that to the best of my knowledge, the information in this updated application is true and correct and that this information is supported by appropriate documentation in the organization's files.**

**Authorized Signature: \_\_\_\_\_**

**Typed Name: \_\_\_\_\_**

**Date: \_\_\_\_\_**

**Exhibit A**

**APPLICATION FOR CHDO RECERTIFICATION  
CURRENT BOARD MEMBER LIST**

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

Date: \_\_\_\_\_

**Board Member**

**Home Address**

**Board Title**

**Employer**

**Please list board members that qualify as low-income households.**

**Please list board members that live in low-income census tracts.**

**Please list board members that are elected representatives of low-income organizations and the name of the organization that they represent.**

**Please list any board members that were appointed by the City of Knoxville, are employed by the City of Knoxville and/or are a public official of the City of Knoxville. In addition, please list any board members that were appointed by board members that were appointed by the City of Knoxville.**