CITY OF MILWAUKEE - CDGA

COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO) RECERTIFICATION 2027

Name of Organization: _____ Date: _____

Contact Person: _____ Phone: _____

Annual CHDO recertification is a requirement of the U.S. Department of Housing and Urban Development under the HOME Program. In order for CDGA to determine if your organization is still eligible for CHDO status, please answer yes or no to each of the questions below, and provide the supporting documentation indicated.

1. Yes ○ No ○ Have there been any amendments or other changes to your Charter or Articles of Incorporation since your CHDO application date? If so, please attach a copy highlighting these amendments.

2. Yes ○ No ○ Have there been any amendments or other changes to your tax-exempt ruling from the IRS under Section 501(c)(3) or (4) of the Internal Revenue Code of 1986 since your CHDO application date? If so, please attach a copy highlighting these amendments.

3. Yes ○ No ○ Does the CHDO have among its purposes ***the provision of decent housing that is affordable to low- and moderate-income persons***, as evidenced by its charter, articles of incorporation, by-laws or board resolutions?

4. Yes ○ No ○ Does the CHDO continue to have standards of financial accountability conforming to 24 CFR 84.21, "Standards for Financial Management Systems"? ***Agency is required to submit prior year financial audit as soon as it's available.***

5. Yes ○ No ○ Has the service area for the organization's CHDO activities changed since the last CHDO certification date? If so, please attach a map showing the new service area and documentation that this change has been adopted by the CHDO's governing body.

6. Yes ○ No ○ Does the CHDO continue to have a demonstrated capacity to carry out HOME-assisted activities? If there have been any major changes in capacity with respect to HOME assisted housing that have occurred since the last CHDO certification (i.e. change in key staff, board members, or consultants under contract), please attach an explanation of these changes.

7. Yes ○ No ○ Does the CHDO continue to provide a formal process for low-income program beneficiaries to advise the organization on design, location of sites, development and management of affordable housing?

8. Yes ○ No ○ For CHDOs that operate HOME-funded rental property, does the CHDO have a "Tenant Participation Plan" that includes fair lease and grievance procedures and a plan for tenant participation in management decisions?

9. Yes ○ No ○ If your organization has not met all of the CHDO criteria above, are you interested and willing to take the steps necessary to meet these criteria?

BOARD COMPOSITION (attach additional pages, as necessary)

Current Board Member (Name)	Appointment Date	Public Official* (Y/N)?	Low-Income Representative* (Y/N)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Note: ***No more than one-third*** of all current board members may be "public officials"* and ***at least one-third*** of all board members must qualify as a "low-income representative"*. Elected or appointed public officials, or individuals appointed to the CHDO board by elected or appointed public officials will not count toward the one-third low-income representation.

Attach dated certifications signed by each board member verifying his or her public official and low-income status. Certifications should be current as of the board member's most recent Board appointment.

Signature of CHDO's Authorized Representative:

I certify the information provided in this CHDO recertification application and all its attachments is true and correct to the best of my knowledge.

Signature	Date
Name	Title

Return this Form and Combined Board Certifications to:

jbooth@milwaukee.gov
or
Jason Boothe Sr., Grant Monitor
City of Milwaukee – CDGA
200 E. Wells Street, Room 606
Milwaukee, WI 53202

BOARD MEMBER COMBINED CERTIFICATION FOR
COMMUNITY HOUSING DEVELOPMENT ORGANIZATION
(to be completed by each Board Member)

I. PUBLIC OFFICIAL CERTIFICATION

For the purposes of 24 CFR Part 92 (HOME Investment Partnerships Program a "public official" is defined as any person serving in any of the following capacities. **Check all that apply**:

☐ An elected official – council member, alderman, commissioner, state legislator, school board representative, etc.

☐ An appointed public official – members of a planning or zoning commission, or any other regulatory and/or advisory commission appointed by the local government or the State of Wisconsin.

☐ Employees of the City of Milwaukee or the Community Development Grants Administration.

☐ A person appointed by a public official to serve on the board – any individual who is not necessarily a public official but who has been appointed by a public official (as described above).

Check only one below:

○ By signing and dating this statement, I hereby certify that I DO serve in one of the "public official" capacities stated above (you must check at least one line above).

○ By signing and dating this statement, I hereby certify that I DO NOT serve in any of the "public official" capacities stated above.

II. LOW INCOME REPRESENTATION CERTIFICATION

For the purposes of 24 CFR Part 92 (HOME Investment Partnerships Program) a person who does not serve as a "public official" in any elected or appointed capacity, and who meets any of the following characteristics is recognized as representing the low-income community (check all that apply):

☐ Lives in a low-income area (where 51% or more of the households in my US Census tract have incomes at or below 80% of the median household income, as defined by HUD). Home address:_____

☐ Has been elected by a low-income area neighborhood organization to represent them on your CHDO board. The name of the organization is: _____ Has a household income at or below the 80% of the median household income for the area in which he or she lives, according to HUD.

Check only one below:

○ By signing and dating this statement, I hereby certify that I DO meet the low income representation characteristic checked above (you must check at least one line above).

○ By signing and dating this statement, I hereby certify that I DO NOT represent the low-income community in any of the ways stated above.

_____ _____
Signature Date

_____ _____
Name Title

EXPERIENCE CERTIFICATION

Please attach signed copies for each staff whose experience should be considered for meeting the Experience/Capacity requirement. Attach one copy for each activity. Resumes should also be attached.

Name

Mailing Address

Phone Number

Fax Number

Project Name

Project Location

Project Type (Homebuyer, Rental, etc.)

Date Completed

Funding Sources

Describe Role on Project

Project References:

Name	Address	Phone
Name	Address	Phone

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

Signature

Date