

CITY OF SAN ANTONIO

DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT



COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO) RECERTIFICATION APPLICATION

Effective October 9, 2013

Version 2 – January 3, 2014

Please list below the names of your HOME eligible project(s) either begun, in process, or completed in the previous 12 months:

| Name of HOME Eligible Project | # of Units | HOME Activity* | Location |
|-------------------------------|------------|----------------|----------|
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*A HOME eligible activity is defined as activities in the areas of homeowner rehabilitation, homebuyer activities, and rental housing that are eligible to receive HOME funds from the City of San Antonio.

Describe and attach relevant documentation related to the following questions:

Keep in mind that having low-income representatives on the board of directors does not satisfy the requirements of the low-income advisory process. The low-income advisory process is designed to report the outreach efforts made by the CHDO to the low-income community and must be adhered to as outlined in the CHDO's bylaws.

In what ways was low-income input sought and implemented in the past year and what were the results?

How have the low-income residents and program beneficiaries in your service area been involved with the CHDO to advise on policies and procedures, program design, site location(s), and the development and management of affordable housing?

Are there any unique approaches you have taken to obtain feedback, such as the formation of neighborhood advisory councils, tenant committees etc.?

Discuss any challenges the CHDO has encountered in obtaining feedback from low-income residents and what avenues will be pursued to overcome these barriers.

Please provide any additional information about the HOME eligible project(s) that began, progressed, or completed this fiscal year. If no HOME eligible projects were begun, progressed, or completed this fiscal year, please explain and include a rationale detailing why your organization wishes to remain a CHDO.

Did your organization complete at least one fair housing activity listed below?

Fair Housing Presentations/Trainings

of Presentations/Trainings Sponsored or Co-Sponsored:

Description of Audience (i.e. – general public, specific organization or group etc.):

Fair Housing Topics Addressed:

Estimated Attendance:

Estimated # of Complaints and/or Questions Addressed:

Additional Comments:

Fair Housing Forums

of Forums Sponsored or Co-Sponsored:

Description of Audience:

Fair Housing Topics Addressed:

Estimated Attendance:

Estimated # of Complaints and/or Questions Addressed:

Additional Comments:

Fair Housing Marketing Efforts

Types of Written and/or Electronic Materials Developed (i.e. brochures, logos, display boards, resolutions, website etc.):

Types of Materials Distributed and to Whom:

Types of Materials Displayed and Where:

Description of Newspaper and/or Radio Ads:

Additional Comments:

Attendance at Fair Housing Activity/Training/Workshop Sponsored by Another Organization

Name of Activity/Training/Workshop:

Date of Activity/Training/Workshop:

Name of Sponsoring Organization:

Names of Staff and/or Board Member(s) Who Attended Activity/Training/Workshop:

Additional Comments:

Please note any additional fair housing activities not addressed above:

Training and Technical Assistance Received

Did either one or more members of staff attend at a minimum of two trainings, workshops, or conferences?

| Organization Staff | |
|--|--|
| Name of Training/Workshop/Conference: | |
| Date of and Brief Description of training/Workshop/Conference: | |
| Name(s) and Title(s) of Staff Who Attended: | |
| List Any Certifications Received: | |

Did either one or more board members attend at a minimum of one training, workshop, or conference that included topics to address organizational capacity building and/or capacity to develop affordable housing.

| Board Members | |
|--|--|
| Name of Training/Workshop/Conference: | |
| Date of and Brief Description of training/Workshop/Conference: | |
| Name(s) and Title(s) of Staff Who Attended: | |
| List Any Certifications Received: | |

Provide additional Trainings or Direct Technical Assistance Received in an attachment as necessary.

CERTIFICATION OF LOW-INCOME REPRESENTATION

Each board member representing the interests of low-income families in the Applicant's target community must complete this certification. Please maintain a copy of this certification in your files and send in a copy to the Department of Planning and Community Development – GMA Division. These certifications may be reviewed during monitoring visits by the City. Note: the board member does need to check at least one of the three criteria listed below but does not need to indicate the specific way in which he or she represents low-income community interests.

Board Member Name: _____

I certify that I am a current member in good standing of the governing board for _____ (name of the CHDO organization seeking recertification) and that I represent the interests of low-income families in the Applicant's target community.

(Signature)

(Date)

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 criteria, the board member must be a low-income resident of a community that the CHDO is certified to serve. **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; except that if the unit of general local government has a population under 25,000, the neighborhood may, but need 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 the third criteria, the person 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 applicant is representing a low-income neighborhood organization, please attach**

copy of signed resolution from the neighborhood organization naming the individual as their representative on the CHDO.

OPERATING BUDGET

Please submit your organization’s most recent year-to-date interim financial statement providing at a minimum:

- 1) Statement of Revenues & Functional Expenses (P&L),
- 2) Statement of Net Assets (balance sheet), &
- 3) Statement of Cash Flows

GMA requires a reconciled interim financial statement for a period ending within 75 days of the submittal date to conform to the financial accountability standards of 24 CFR 84.21, “Standards for Financial Management Systems”.

ORGANIZATIONAL CHANGES

Has the organization amended its articles of incorporation or by-laws since it was last recertified as a CHDO?

Yes No If yes, please attach an amended copy.

Has the organization revised its tax-exempt status with the IRS since it was last recertified as a CHDO?

Yes No If yes, please attach an amended copy.

Has the organization revised its purpose or mission since it was last recertified as a CHDO?

Yes No If yes, provide a copy of the by-laws or board resolution with this change.

Has the organization had a change in staff capacity since it was last certified (or recertified)?

Yes No If yes, can current staff demonstrate capacity for carrying out HOME-funded activities?

Yes No If yes, describe capacity below:

If no, does the organization have a contract with a consultant to train appropriate staff members?

Yes No If yes, describe scope of work below:

ADDITIONAL ACTIVITIES

Does your organization administer a City funded Rehabilitation Program?

If YES, please summarize your activities this fiscal year:

Does your organization administer a City funded Down Payment Assistance program (DPA)?

If YES, please summarize your activities this fiscal year:

Please provide a brief description of any other additional activities, funding or partnerships that were significant to your organization this fiscal year:

CITY OF SAN ANTONIO
CHDO CERTIFICATION APPLICATION
EXPERIENCE ASSESSMENT FORM

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

| Category | Description |
|--|-------------|
| Staff or Consultant Name | |
| Mailing Address | |
| Phone Number | |
| Email | |
| Project Name | |
| Project Location | |
| Project Type <i>(Rental / Homeownership, # of Units, Population Served)</i> | |
| Date of Occupancy | |
| Sources of Funds | |
| Description of Staff / Consultant Role in Project | |
| Project References <i>(Name Address Phone)</i> | |

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

STAFF SIGNATURE

DATE

