## Update to Continue State of Ohio CHDO Certification

Complete and submit this entire document by email to [dleasure@ohiohome.org](mailto:dleasure@ohiohome.org). Subject should read CHDO Status Update (your organization’s name) and should be received approximately 45 days prior to closing or upon another date specified by OHFA. Any questions can be directed to the same email address or Debbie Leasure at 614-955-4512.

# Today’s Date - Click here to enter a date.

|  |  |
| --- | --- |
| Name of Organization |  |
| Executive Director |  |
| Executive Director email |  |
| Address |  |
| City, State, Zip Code |  |
| County |  |
| Phone |  |
| Contact Person |  |
| Title |  |
| Phone |  |
| Contact Email |  |
| Name and Title of Person Completing this Application |  |
| Is the person above an employee of the organization? |  |
| Name of the HOME-funded development for which you are receiving CHDO certification |  |
| Name of Development |  |
| OHFA Tracking Number |  |

ALL MUST COMPLETE THE FOLLOWING:

**Submit an updated letter from the Equity Syndicator, indicating that your organization has the capacity and will be the only entity providing the required guarantees to the development. These include all guarantees required by the ownership once the credits have been delivered. Guarantees include, but are not limited to, the ability to cover all reserves and to make up the difference for any tax credits that may become subject to recapture. You may also submit the Partnership Agreement.**

**DATE OF LAST SUCCESSFUL CHDO SUBMISSION: Click or tap here to enter text.**

**CHECK ALL THAT APPLY TO YOUR ORGANIZATION SINCE LAST SUCCESSFUL CHDO CERTIFICATION:**

**The organization’s tax-exempt status has changed**

Submit copies of all IRS correspondence

**CHECK THE BOX NEXT TO THOSE EVENTS THAT HAVE HAPPENED SINCE YOUR ORGANIZATION’S LAST SUCCESSFUL CHDO CERTIFICATION SUBMISSION AND SUBMIT THE DOCUMENTATION HIGHLIGHTED IN GRAY**

**The organization’s service area has changed**

Submit the revised Governing Documents with the amended sections highlighted

Submit Board meeting minutes reflecting the discussion of why the service area has changed

**The official name of the organization has changed**

Submit the revised Governing Documents, including the amended Articles of Incorporation, if applicable, with the amended sections highlighted

Submit Board meeting minutes reflecting the discussion of why the name has changed

**The organization has a different Executive Director, Director of Finance, Director of Operations or Director of Human Resources**

Submit a narrative of the circumstances that caused this change

Complete the information for the former staff member and the person who replaced them in Table 1 – New and Former Executive and Housing Development Staff Since Last CHDO Certification

**The organization has different housing development staff**

Submit a narrative that explains in detail how each new staff person involved in housing development (identify by name and title), demonstrates the necessary qualifications to carry out the housing development responsibilities of your current development. Also demonstrate in the narrative the qualifications that indicate that each new staff person has experience in developing LIHTC multifamily rental developments

Add the new staff person to Table 1 (below)

Complete Table 2 – Housing Development Staff Areas of Responsibility (below)

**The Board composition has changed**

Submit Board meeting minutes at which these changes were discussed and the new members approved

Complete Table 3 – Board Member Composition (below). Include ALL Board Members in this table

Submit new Board Self-Certifications for new members and for those whose status has changed

The ownership or management of any property that the organization owns or manages has changed. This includes but is not limited to foreclosure and change in partnership structure

Submit a narrative of the circumstances, what action was taken and the effect of this on the organization. Indicate the date you notified the appropriate OHFA staff of this change.

A financial or legal situation now potentially threatens your organization’s viability as an on-going concern

Submit a narrative of the circumstances, what action was taken and the effect of this on the organization.

## Table 1 – New and Former Executive and Housing Development Staff Since Last CHDO Certification

| **New Employee’s Name** | **Title** | **Housing Development Experience (Include all LIHTC experience)** | **Hours worked per week** | **Hourly rate or salary per week** | **Date Hired** |
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| **Former Employee’s Name** | **Title** | **Reason no longer with the organization** |  |  | **Last day of employment** |
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## Table 2 – Current Housing Development Staff Areas of Responsibility

Name the employees who perform the specific housing development tasks listed in this table. If you contract for a particular function, please note that. Do not leave any spaces blank.

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| **Planning/Site Selection** |  |
| **Land/Building Acquisition** |  |
| **Development Team Selection** |  |
| **Negotiation of Partnership Agreements** |  |
| **Design** |  |
| **Work Write-up for Rehab** |  |
| **Financing Arrangements** |  |
| **Contractor Selection** |  |
| **Construction Management** |  |
| **Construction Close-out** |  |
| **Marketing/Lease-up of Rental Units** |  |
| **Ongoing Project Compliance** |  |

## Table 3 – Board Member Composition

For CHDO certification purposes, a Board Member is a representative of the low income community if they are:

1. A member of a household that has a combined total expected income which is less than 80 percent of the county area median income for that person’s household’s size.
2. A resident of a census tract in which more than 50 percent of its households have incomes less than 80 percent of the area median income.
3. An elected member of an organization whose membership is open to all residents of a defined community in which more than 50 percent of the households have incomes less than 80 percent of the area median income and whose position on the board is primarily as a representative of that neighborhood group. Those who have chosen this status can supply written verification of their election to this position if asked to confirm this status. This is a group that directly serves the neighborhood in which it is located, including a neighborhood watch group, food pantry, faith-based community outreach organization, community garden club or book club.

Click this link to determine whether each Board member qualifies for the category they have chosen on their self-certification: [https://arcg.is/DSSyi](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Farcg.is%2FDSSyi&data=05%7C01%7C%7C31376bafcab74df6bcb908da90ebae3a%7C66348b019dd440859316229e33329e7b%7C0%7C0%7C637981639153542227%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=lcAq9uDHkb3om%2FKa1Kfm4XMYultVupmeDGEk1G%2FDo3U%3D&reserved=0)

| **Board Member Name** | **Enter the number from above to describe how this member represents the low- income community**  **(1, 2, 3, or N/A)** | **Board Position** | **Date Term Expires** | **Self-Certification on File?**  **YES or NO** |
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## ACKNOWLEDGEMENTS (Must be signed in the presence of a Notary Public)

The undersigned, having full power and authority to execute, deliver, perform, enter into and carry out the performance of this application, hereby represents and certifies under penalty of perjury that:

* To the best of his/her knowledge, all information contained within, attached to, and submitted with this application is true and complete, and accurately describes the proposed project
* Any additional information requested by the Ohio Housing Finance Agency will be supplied by the undersigned in order for this application to remain valid
* The undersigned affirmatively covenants that it does not owe (a) any delinquent taxes to the State of Ohio ("the State") or a political subdivision of the State; (b) any moneys to the State or a state agency for the administration or enforcement of any environmental laws of the State; and (c) any other moneys to the State, a state agency or a political subdivision of the State that are past due, whether the amounts owed are being contested in a court of law or not
* The undersigned agrees that the Ohio Housing Finance Agency (including its agencies) will at all times be indemnified and held harmless against all losses, costs, damages, expenses, and liabilities whatsoever nature or kind (including, but not limited to attorney's fees, litigation, and court costs, amounts paid in settlement, and amounts paid to discharge judgment, and any loss from judgment from the Internal Revenue Service) directly or indirectly resulting from, arising out of, or related to acceptance, consideration, and approval or disapproval of such allocation and/or funding request.
* The undersigned acknowledges that any document submitted to the Ohio Housing Finance Agency is considered a public record and will be released in accordance with O.R.C. 149.43 and 175.12(B).
* It is the responsibility of the undersigned and any of its employees, agents or sub-contractors in doing business with the Ohio Housing Finance Agency to adhere to and comply with all Federal Civil Rights legislation inclusive of the Fair Housing Laws, Section 504 of the Rehabilitation Act of 1973, the Americans With Disabilities Act as well as any state and local Civil Rights legislation along with any required related codes and laws. Should the Ohio Housing Finance Agency not specify any requirements, such as design, it is none the less the owners responsibility to be aware of and comply with all non-discrimination provisions relating to race, color, religion, sex, handicap, familial status, and national origin. This includes design requirements for construction or rehabilitation, Equal Opportunity in regard to marketing and tenant selection and reasonable accommodation and modification for those tenants covered under the Laws.
* The undersigned will unconditionally comply with all policies, rules, regulations, and guidelines of the Ohio Housing Finance Agency.

In witness whereof, the undersigned has caused this document to be duly executed in its name on

this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Name of Ownership Entity

BY:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signatory

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Name of Ownership Entity

STATE OF :

: ss:

COUNTY OF :

BEFORE ME, a Notary Public in and for said County and State, personally appeared the above-named

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AUTHORIZED SIGNATORY TITLE

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , an Ohio \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF COMPANY/PARTNERSHIP TYPE OF COMPANY/PARTNERSHIP

who acknowledges that he/she is an authorized signatory of said company, and did sign the foregoing instrument

on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and that the same is his/her free act and deed.

NAME OF COMPANY/PARTNERSHIP

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal this \_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20