



Osceola County HOME Consortium  
HOME Investment Partnership Program  
CHDO Certification and Project Application

*Provide one (1) original and one (1) copy of the application and ALL supporting documents*

**CHDO ELIGIBILITY AND CERTIFICATION**

**A. CHDO Organization Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Project Manager: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_

DUNS#: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Have you applied for HOME funds before?      \_\_\_ Yes      \_\_\_ No

If yes, from what agency? \_\_\_\_\_

Have you received HOME funds before?      \_\_\_ Yes      \_\_\_ No

If yes, from what agency? \_\_\_\_\_

***A cover letter describing the organizations history, mission, completed and anticipated affordable housing activities, and experience with HOME and/or CDBG Programs must be submitted as an introduction to the application packet.***

**B. Legal Status** (Complete all points, check and attach documentation)

1. **Legal Authorization:** The nonprofit organization is organized under Florida or local laws as evidenced by:

\_\_\_\_\_ Certificate of Incorporation issued by the Secretary of State, OR  
\_\_\_\_\_ Articles of Incorporation Page Number \_\_\_\_\_

2. **Individual Benefit:** No part of your agency's net earnings may inure to the benefit of any member, founder, contributor or individual, as evidenced by:

\_\_\_\_\_ A Charter, OR Page Number \_\_\_\_\_  
\_\_\_\_\_ Articles of Incorporation Page Number \_\_\_\_\_

3. **501 (c) Status:** Your agency must have a tax exemption ruling from the Internal Revenue Service (IRS) under Section 501 (c) of the Internal Revenue Code of 1986, as evidenced by:

\_\_\_\_\_ A 501(c)(3) or (4) Certificate from the IRS

4. **Organizational Purpose:** Has among its purposes the provision of safe, decent housing that is affordable to low-to-moderate income people as evidenced by a statement in the organizations:

\_\_\_\_\_ A Charter, OR Page Number \_\_\_\_\_  
\_\_\_\_\_ Articles of Incorporation, OR Page Number \_\_\_\_\_  
\_\_\_\_\_ By-Laws OR Page Number \_\_\_\_\_  
\_\_\_\_\_ Board Resolution Page Number \_\_\_\_\_

5. **CHDO Designation:** Include a copy of CHDO designation letter(s) received from other agencies

**C. Financial Status** (Complete all points, check and attach all documentation)

1. **Financial Management:** Conforms to the financial accountability standards of Attachment F of OMB Circular A-110 and 24 CFR 84.21, "Standards for Financial Management Systems", as evidenced by:

\_\_\_\_\_ A notarized statement by the President or Chief Financial Officer of the Organization, OR  
\_\_\_\_\_ A certification from a Certified Public Accountant, OR  
\_\_\_\_\_ A HUD approved Audit Summary

2. **Financial Viability:** Demonstrates the financial viability and capability of performing housing development functions throughout the predevelopment and development period, as evidenced by:

\_\_\_\_\_ A nonprofit organization that has expended \$100,000 or more during its fiscal year:  
Must provide the most recent annual audit of the financial affairs and transactions of all the nonprofit's funds and activities, including auditor's notes, the most recent month's internally prepared interim financial statements; and the current year's budget. The audit shall be performed in accordance with generally accepted accounting principles (GAAP). OR

\_\_\_\_\_ A nonprofit organization that has spent less than \$100,000 during the previous fiscal year:  
Must provide the most recent financial statements, including auditor's notes, must be submitted. If the financials were not audited, an additional statement by the president 1) stating the president's belief as to whether the statements were prepared in conformance with GAAP, or if not, describing the basis of presentation, and 2) describing any respects in which the statements

were not prepared on a consistent basis with previous years' statements. Also the most recent month's internally prepared interim financial statements including the balance sheet, income/expense statement, and current year's budget must be submitted.

3. **Additional Financial Capacity Documentation:** Must include documentation evidencing the following:

- \_\_\_\_\_ Describe the type of accounting system and financial management controls that the organization has in place; AND
- \_\_\_\_\_ Experience and success in securing private financing; AND
- \_\_\_\_\_ Experience in leveraging public funds to secure private financing

**D. Capacity** (Complete all points, check and attach all documentation)

1. **One Year Experience:** The nonprofit or its parent organization must be able to show one year of service to the community prior to the submission of this CHDO Application/Certification. Note: The one-year of service to the community must be evidenced either of the following:

- \_\_\_\_\_ A statement that documents at least one year of experience in serving the community and list the services/activities provided in the community. Include the types of affordable housing activities completed and anticipated including rental, homeownership, new construction and rehabilitation; OR
- \_\_\_\_\_ For newly created organizations formed by local churches, service or community organizations, a statement that documents that its parent organization has at least one year experience in serving the community and lists the services/activities provided in the community.

2. **Staffing:** The nonprofit has its own fulltime, paid, professional staff as evidence by:

- \_\_\_\_\_ Evidence of full time paid staff (e.g. pay stub or tax document), AND
- \_\_\_\_\_ Resumes and/or statements that describe the experience of key staff members who have successfully completed projects similar to those to be assisted with HOME funds, OR
- \_\_\_\_\_ Training plan prepared by organization for new staff or inexperienced staff, OR
- \_\_\_\_\_ Contract(s) with consultant firms or individuals who have housing experience similar to projects to be assisted with HOME funds. Consultants can only be used for the first year of CHDO Certification. The consulting firms or individuals must have written plans detailing the training of CHDO personnel.

3. **Service Area:** A CHDO must have a clearly defined geographic service area (one or several neighborhoods, city, county, or metropolitan area, but not the whole state).

Geographic service area(s) of previous projects completed: \_\_\_\_\_

Geographic service area(s) of projects anticipated to be completed as an Osceola County HOME Consortium CHDO: \_\_\_\_\_

The geographic service area(s) are defined in:

\_\_\_\_\_ A Charter, OR

Page Number

\_\_\_\_\_

_____	Articles of Incorporation, OR	Page Number	_____
_____	By-Laws OR	Page Number	_____
_____	Board Resolution	Page Number	_____

**E. Organizational Structure** (Complete all points, check and attach documentation)

1. **Low-Income Representation:** The nonprofit must maintain at least one-third of its governing board’s membership for residents of low-income neighborhoods, other low-income community residents, or elected representatives of low-income neighborhood organizations, as evidenced by the organizations:

_____	A Charter, OR	Page Number	_____
_____	Articles of Incorporation, OR	Page Number	_____
_____	By-Laws OR	Page Number	_____

2. **Low-income Input:** The organization must provide a formal process for low-income program beneficiaries to advise the organization in all of its decisions regarding the design, siting, development, and management of all HOME assisted housing projects, as evidenced by:

_____	By-Laws OR	Page Number	_____
_____	Resolution, OR	Page Number	_____
_____	A written statement of operating procedures approved by the governing body		

3. **Board Representation:** The current governing board of the organization must maintain:

- \_\_\_\_\_ At least one-third of its membership for residents of low-income neighborhoods, other low-income community residents, or elected representatives of low-income neighborhood organizations, AND
- \_\_\_\_\_ At least one-third of the counties in the nonprofit’s service area represented on the Board, AND
- \_\_\_\_\_ No more than one-third of the governing board members are public officials, as evidenced by a completed low-income representative certifications for each member of the governing board

**F. Relationship With Public Sector Entity** (Complete applicable points, check and attach documentation)

Is the nonprofit chartered by a state or local government or an instrumentality of a public body (e.g. public housing authority)?

\_\_\_\_\_ YES (If “Yes” complete 1 below)      \_\_\_\_\_ NO (If “No” skip to Section G)

1. **Public Sector Representation:** the nonprofit may be chartered by a State or Local government or instrumentality of a public body; however the State or local government or instrumentality may not appoint:

- \_\_\_\_\_ More than one-third of the membership of the organizations governing body, AND
- \_\_\_\_\_ The board members appointed by the state or local government or instrumentality may not, in turn, appoint the remaining two-thirds of the board members; AND
- \_\_\_\_\_ No more than one-third of the board members may be public officials or employees of the governmental entity

Your agency/organization compliance with this requirement must be evidenced by:

_____	A Charter, OR	Page Number	_____
_____	Articles of Incorporation, OR	Page Number	_____
_____	By-Laws OR	Page Number	_____

**G. Relationship With For Profit Entities** (Complete applicable points, check and attach documentation.)

Is the nonprofit sponsored or created by a for profit entity?

\_\_\_\_\_ YES (If “Yes” complete 1 -3 below)      \_\_\_\_\_ NO (If “No” skip this Section)

**1. For-Profit Sponsorship:** If the nonprofit is sponsored or created by a for-profit entity, the for-profit entity may not appoint more than one-third of the membership of the nonprofit’s governing body, and the board members appointed by the for-profit entity may not, in turn appoint the remaining two-thirds of the board members as evidenced by the CHDO’s:

_____	A Charter, OR	Page Number	_____
_____	Articles of Incorporation, OR	Page Number	_____
_____	By-Laws OR	Page Number	_____

**2. For-Profit Control:** the nonprofit is not controlled, nor does it receive directions from individuals or entities seeking profit from the organization, as evidenced by:

_____	A Charter, OR	Page Number	_____
_____	Articles of Incorporation, OR	Page Number	_____
_____	By-Laws OR	Page Number	_____
_____	Board Resolution	Page Number	_____

**3. Non-Housing For-Profit:** A CHDO may be sponsored or created by a for-profit entity, if:

The for-profit entity’s primary purpose does not include the development or management of housing as evidenced by:

\_\_\_\_\_ The for profit organization’s By-Laws      Page Number \_\_\_\_\_

AND

The nonprofit is free to contract for goods and services from vendors of its own choosing, as evidenced in the nonprofits:

_____	A Charter, OR	Page Number	_____
_____	Articles of Incorporation, OR	Page Number	_____
_____	By-Laws OR	Page Number	_____

**PROJECT ELIGIBILITY**

**A. Organization Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Have you been awarded HOME funds before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, from what agency? \_\_\_\_\_

When? \_\_\_\_\_

If yes, from what agency? \_\_\_\_\_

***A cover letter describing the organizations history, mission, completed and anticipated affordable housing activities, and experience with HOME and/or CDBG Programs must be submitted as an introduction to the application packet.***

**B. Developer Capacity Assessment:**

1. **Financial Viability:** Demonstrate the financial viability and capability of performing housing development functions throughout the predevelopment and development period, as evidenced by: the most recent annual audit of the financial affairs and transactions of all the developer's funds and activities, including auditor's notes, the most recent month's internally prepared interim financial statements; and the current year's budget to determine the developer's net worth, portfolio risk, pre-development funding, and liquidity. The audit shall be performed in accordance with generally accepted accounting principles (GAAP).
2. **Additional Financial Capacity Documentation:** Must include documentation evidencing the following:
  - o Describe the type of accounting system and financial management controls that the organization has in place;
  - o Experience and success in securing private financing;
  - o Experience in leveraging public funds to secure private financing
3. **Experience:** The Applicant or its parent organization must be able to show one year of development experience. The experience must be evidenced by providing the following:
  - o Resumes and/or statements that describe the experience of key staff members who have successfully completed projects similar to those to be assisted with HOME funds,
  - o Include property management, asset management, and service provision, if applicable.

**PROJECT ELIGIBILITY**

**A. Project Information**

Name of the Project: \_\_\_\_\_

Project Location (provide a location map): \_\_\_\_\_

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Description of the Project:

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Amount of Assistance Requested for the Total Project: \_\_\_\_\_

Total number of units in the Project: \_\_\_\_\_

Total number of units to be assisted with the requested HOME funds: \_\_\_\_\_

Type of proposed units:

- Garden Apartments
- Mid-rise with elevator
- High Rise (a building comprise of 7 or more stories)
- Single Room Occupancy (SRO)
- Other – Specify: \_\_\_\_\_

What is the proposed project timeline (completion schedule) for project from conception to project closeout?

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Do you own or have a qualified contract<sup>1</sup> on the Property?       YES       NO

**B. Market Need For The Proposed Project**

Describe the market need for this project in the proposed neighborhood.

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If this project is already built and occupied, what is the vacancy rate for the project? \_\_\_\_\_

Do you have a pool of qualified applicants?  YES       NO

Describe your outreach and affirmative marketing plan for the proposed project.

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<sup>1</sup> A “qualified contract” is one that has a term which does not expire until at least three months from the date of this application; provides that the remedy for default on the part of the seller must include or be specific performance; and applicant must be the buyer.

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Describe tenant selection policies and criteria for the project.

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Submit copy of a market assessment. The market assessment must quantify and document the demand for the proposed project and address the following:

- o Evaluate general demographic, economic, and housing conditions in the community.
- o Delineate the market area by identifying the geographic area from which the majority of the project’s tenants are likely to come.
- o Quantify the pool of eligible tenants in terms of household size, age, income, and other relevant factors.
- o Analyze the competition by evaluating other housing opportunities with an emphasis on other affordable rental developments in the market area, including those financed through either the HOME program or other federal programs.
- o Assess the market for the planned units and determine if there is sufficient demand to rent the HOME assisted housing within 18 months of project completion.
- o Evaluate the effective demand and the capture rate. The capture rate is the percentage of likely eligible and interested households living nearby who will need to rent units in the proposed project in order to fully occupy it.
- o Estimate the absorption period for the project to achieve stabilization.

**C. Project Underwriting**

Do you have any additional financial commitments to carry out the project?  YES  NO

Submit a Sources/Uses of Funds Statement for the development. The Sources/Uses of Funds Statement should reflect the detailed development budget and should list: (1) all proposed sources (both private and public) of funds and the dollar amount (s) for each respective source, and (2) all uses of funds (including construction costs, site development costs, permits, financing costs, and professional fees – include contingency, overhead and profit) associated with the development. Identify the proposed costs to be paid with the HOME funds.

If the project has additional private project financing, submit evidence of private financing, attach copies of all commitment letters. Commitment letters must be project specific and must state all terms and conditions for all mortgages, grants, subordination agreements, bridge (interim) loans and investment tax credits (historical, low-income, if applicable). All conditions which must be met prior to funding must be included in the commitment letter. In the case of projects with LIHTC, submit evidence of: (1) the reservation from the Florida Housing Finance Corporation and; (2) the good faith offer of equity investment from an investor.

Provide a statement from the applicant as to the assumptions made on how revenues and operating costs are expected to change overtime throughout the affordability period.



Submit a detailed construction budget for the project. Identify the proposed costs to be paid with the HOME funds.

Provide an operating pro forma projecting operating revenues and costs for the length of affordability period<sup>2</sup>. The pro forma should reflect projected income and vacancies, operating expenses, contributions to reserves, debt service, cash flow and payments of deferred fees.

Document the following:

- Acquisition costs
- Construction cost estimate, construction contract or preliminary bid(s)
- Contracts, quotes or other agreements substantiating key professional costs and the basis for estimating other soft costs and working capital items, including capitalized reserves;
- Agreements governing the various reserves which are capitalized at closing
- A third party appraisal (after construction)
- If also LIHTC project, documentation on the syndication costs (legal, accounting, tax opinion, etc.) from the organization/individual who will syndicate and sell the offering

**D. Rental/Occupancy Information**

Provide the rent schedule for the HOME assisted units in the project:

	<b>Studio</b>	<b>1 Bedroom</b>	<b>2 Bedrooms</b>	<b>3 Bedrooms</b>	<b>4 or More Bedrooms</b>
Current Rent					
Proposed Rent					

Is the tenant responsible for paying for the utilities<sup>3</sup>?  Yes (All)  Yes (Some)  No

If the tenant is responsible for paying for all or some of the utilities, submit a utility allowance estimate for each bedroom size unit:

	<b>Studio</b>	<b>1 Bedroom</b>	<b>2 Bedrooms</b>	<b>3 Bedrooms</b>	<b>4 or More Bedrooms</b>
Current					
Proposed					

Is this project 100% affordable or is it a mixed income project?  100% affordable  Mixed income

Are the units comparable in amenities?  Yes (All)  Yes (Some)  No

<sup>2</sup> The affordability period depends on the average amount of HOME assistance provided per unit:

<b>Activity</b>	<b>Average Per Unit HOME \$</b>	<b>Minimum Affordability Period</b>
Rehab or acquisition of existing housing	Less than \$15,000	5 years
	\$15,000-\$40,000	10 years
	More than \$40,000	15 years
Refinance of rehab project	Any \$ amount	15 years
New construction or acquisition of new housing	Any \$ amount	20 years

<sup>3</sup> Utilities include water, heat, air conditioning, fuel, etc. The maximum allowable rents will be reduced when some or all utilities are paid by the tenant.

Provide the proposed tenant income for the units in the project:

<b>Total Number of Units in the Project</b>	<b>0-30% of the AMI or less</b>	<b>31% - 50% of the AMI or less</b>	<b>51% - 60% of AMI</b>	<b>61% - 80% of AMI</b>	<b>81% and over the AMI</b>

Provide the proposed tenant income for the HOME units in the project:

<b>Total Number of Units in the Project</b>	<b>0-30% of the AMI or less</b>	<b>31% - 50% of the AMI or less</b>	<b>51% - 60% of AMI</b>	<b>61% - 80% of AMI</b>	<b>81% and over the AMI</b>

Provide copy of a written lease between the owner and the tenant.

Describe tenant selection policies and criteria for the project.

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Provide copy of the Affirmative Marketing Plan for the proposed project.

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If you have any questions regarding the application form, contact Cheryl Leonard, Community Grants Program Specialist by e-mail at [Cheryl.Leonard@osceola.org](mailto:Cheryl.Leonard@osceola.org) or by phone at (407) 742-8402.

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Name of Organization

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Name of President or Chairperson of Board of Directors

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Signature

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Date

**OSCEOLA COUNTY HOME CONSORTIUM  
COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO)  
TABLE OF CONTENTS**

**Applicant  
Checklist**

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**Tab A: ORGANIZATION INFORMATION**

1. Cover Letter
2. CHDO Application/Certification

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**Tab B: LEGAL STATUS**

1. Articles of Incorporation
2. By Laws
3. Board Resolutions
4. Charter
5. 501(c) (3) or (4) Certificate from IRS or Group Exemption Letter from IRS
6. Certificate of Incorporation or Good Standing Certificate issued by Secretary of State
7. CHDO Designation Letter(s)

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**Tab C: FINANCIAL STATUS**

1. Financial Management Documentation
  - a. Notarized statement by the President/CFO of the Organization, or
  - b. Certification from a Certified Public Accountant, or
  - c. HUD approved Audit Summary
2. Financial Viability Documentation (see application for required documentation)
  - a. Last full year's financial statement or audit
  - b. Current month or most recent financial statement
  - c. Current year's budget
3. Financial Capacity Documentation (see application for required documentation)
  - a. Accounting system and controls
  - b. Experience in private financing
  - c. Experience in leveraging

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\_\_\_\_\_  
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**Tab D: CAPACITY**

1. One-Year Experience (see application for required documentation)
2. Staffing (see application for required documentation)
3. Service Area (see application for required documentation)

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**Tab E: ORGANIZATIONAL STRUCTURE**

1. Low Income Representation
2. Low Income Input
3. Board Representation
4. CHDO Board Member Certifications:
  - a. Signed Officer's Warranty Statement
  - b. Signed Board Members Certifications
  - c. CHDO Board Members Composition Form

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**Tab F: RELATIONSHIP WITH PUBLIC SECTOR ENTITY**

1. Public Sector Representation (see application for required documentation)

**Tab G: RELATIONSHIP WITH FOR PROFIT ENTITIES**

\_\_\_\_\_ 1. For Profit Representation (see application for required documentation)

**Tab H: PROJECT INFORMATION**

- \_\_\_\_\_ 1. Location Map  
\_\_\_\_\_ 2. Additional Information

**Tab I: PROJECT UNDERWRITING**

- \_\_\_\_\_ 1. Sources/Uses of Funds Statement  
\_\_\_\_\_ 2. Evidence of private project financing/commitment letters  
\_\_\_\_\_ 3. Certification of Federal Assistance  
\_\_\_\_\_ 4. Detailed construction budget  
\_\_\_\_\_ 5. Operating pro forma

**Tab J: RENTAL/OCCUPANCY INFORMATION**

- \_\_\_\_\_ 1. Copy of written lease  
\_\_\_\_\_ 2. Additional Information

**OSCEOLA COUNTY HOME CONSORTIUM  
CERTIFICATION BY CHDO BOARD MEMBER  
(Duplicate form to be completed by ALL board members)**

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

**Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Public Official or Employee**

I currently hold a publicly elected office; am employed by the state or local government, or an instrumentality of the state or local government; or serve on a commission, board or other regulatory body by appointment of an elected official or other political body.

**Member of Low-Income Household**

I am a member of \_\_\_\_ person household that has a combined total expected income for 201\_\_ which is less than 80% of the area median income for a household of this size.

**Resident of Low-Income Area**

I reside in census tract/block group \_\_\_\_ which, in the 2000 census, has at least 51% of its households with incomes less than 80% of the area median income.

**Elected Representative of Low-Income Group**

I am elected by the membership of an organization whose membership is open to all residents of a defined neighborhood in which the 2000 census shows that more than 50% of the households have incomes less than 80% of the area median income and my position on our governing body is primarily a representative of that neighborhood group.

The group name is: \_\_\_\_\_ and the census tract/block group numbers served by the neighborhood group are: \_\_\_\_\_

**Not a Low-Income Representative**

**Date Appointed to the Board:** \_\_\_\_\_

**Term Expires:** \_\_\_\_\_

**OSCEOLA COUNTY HOME CONSORTIUM  
COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO)  
OFFICER'S WARRANTY STATEMENT**

A Community Housing Development Organization (CHDO) must be accountable to the low-income residents of its service area by maintaining at least **one-third** of its governing body members as low-income community representatives. A governing body member can be qualified as a low-income community representative in any one of the following three ways:

1. Being a member of low-income household, OR
2. Residing in a low-income census tract or block group, OR
3. Appointment to the governing body through election by members of another organization consisting exclusively of residents of a low-income neighborhood.

If the organization has a multi-county service area, the Board of Directors must represent at least one-third of the counties in the CHDO's service area.

Public representatives **cannot** be qualified as low-income representatives, even if they meet the qualifying criteria.

Public representatives include individuals elected, appointed, or employed by the State or local government or an instrumentality of the State or local government (i.e. public housing authority, local school board, etc.)

**OFFICER'S WARRANT**

By my signature below, I warrant that I am a duly qualified **OFFICER** of the organization and that the information provided on all current board members of the organization is true and correct, and I have reviewed written documentation in the organization's files that support the information provided.

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

Printed Name: \_\_\_\_\_ Title \_\_\_\_\_

## CHDO Board Members Composition Form

**AGENCY:** \_\_\_\_\_

Name, Title of Board Position and Address	Occupation	City/County of Residence	Member of Low-Income Household	Representative of Low-Income Area	Elective Representative of a Low-Income Group	Not a Low-Income Representative	Date Appointed	Exp. Date

**CERTIFICATION OF FEDERAL ASSISTANCE**

I, \_\_\_\_\_ (CHDO Representative) certify that the rehabilitation of the project known as, \_\_\_\_\_ (Name of the Project),  WILL  WILL NOT use other government assistance to carry out the rehabilitation activity.

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

Printed Name: \_\_\_\_\_ Title \_\_\_\_\_