



Community Housing Development Organization (CHDO) Recertification

1. Name of Organization: _____
2. Is your organization interested in maintaining its status as a certified Community Housing Development Organization (CHDO) with the Kansas Housing Resources Corporation (KHRC)?
☐ Yes
☐ No (If no, please sign and return this packet to the KHRC)
3. Has your organization maintained its status as a legally recognized non-profit under State of Kansas Laws?
☐ Yes (If yes, below please state date non-profit annual report was filed with the Secretary of State office _____)
☐ No
4. Has your organization amended its Articles of Incorporation since certified as a CHDO by the KHRC?
☐ Yes (If yes, please submit a copy of amendment(s))
☐ No
5. Has your organization changed/revised its by-laws since certified as a CHDO by the KHRC?
☐ Yes (If yes, please submit a current copy of the organization's by-laws)
☐ No
6. Has your organization adopted any resolutions effecting the purpose of the organization since certified as a CHDO by the KHRC?
☐ Yes (If yes, please submit a copy of all resolutions adopted by the organization since certified as a CHDO by KHRC)
☐ No
7. Do the Bylaws or Articles of Incorporation of the CHDO require 1/3 low-income representation on the Board and prohibit more 1/3 public sector representation on the Board?
☐ Yes
☐ No (If no, the Board MUST adopt an amendment to the Bylaws specifying these requirements)
8. Have there been any changes in your staff/operating capacity since certified as a CHDO by the KHRC?
☐ Yes (If yes, please identify and submit qualifications/résumé(s) of new staff members)
☐ No
9. Has your organization maintained its tax-exemption status issued by the IRS?
☐ Yes
☐ No
10. Please complete, sign, and return the attached CHDO board composition table. (Please photocopy if necessary)
Be sure to determine that "low-income" representatives still meet the definition in 92.2 and also verify whether any board representative should now be considered "public sector".

I, the undersigned do hereby certify that the information above is current and accurate as of the date shown below.

Executive Director (Name - please print)

Signature

Date

KANSAS HOUSING RESOURCES CORPORATION

Community Housing Development Organization (CHDO) Board Composition Table								
No	Name	Address	City	Zip	Phone #	*Serving Capacity Check Appropriate Box		
						Low Income	Public Sector	Private Sector
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For further clarification, see 24 CFR 92.2; CHDO Definition numbers five and eight.

I, the undersigned, do hereby certify that the information above is current and accurate as of the date shown below.

Executive Director (name – please print)

Signature

Date