

2025 Community Housing Development Organization (CHDO) Certification

Name of Organization:	
Address:	
Date of Certification:	
Executive Director Name:	Phone & Email:
President of the Board:	Phone & Email:

The undersigned (Executive Director) and (Board President) or owner on behalf of the CHDO/property/grant, hereby certifies that:

1. Does the organization currently own and operate HOME-assisted rental housing that is subject to the requirements of the 24 CFR Part 92, and is regularly inspected and monitored by KHRC?
 - ☐ The organization owns and operates HOME-assisted rental housing.
 - ☐ The organization owns and operates HOME-assisted and LIHTC rental housing in a partnership.
2. Is the organization a legally recognized non-profit under State of Kansas Law?
 - ☐ Yes (If yes, provide the date the non-profit annual report was filed with the Secretary of State): _____
 - ☐ No (If temporarily out of compliance, attach an explanation and the plan to correct).
3. Has your organization amended its Articles of Incorporation since last certified as a CHDO by KHRC?
 - ☐ Yes (If yes, provide a copy of amendment(s)).
 - ☐ No
4. Has your organization changed/revised its by-laws since last certified as a CHDO by KHRC?
 - ☐ Yes (If yes, provide a current copy of the organization's by-laws).
 - ☐ No
5. Does the organization have among its purposes the provision of decent housing that is affordable to low-income households, as evidences in its character, by-laws, articles of incorporation, or resolution?
 - ☐ Yes ☐ No
6. Do the by-laws or articles of incorporation of the CHDO require 1/3 low-income representation on the Board and prohibit more than 1/3 public sector representation on the Board per 24 CFR 92.2?
 - ☐ Yes
 - ☐ No (If no, the Board MUST adopt an amendment to the by-laws specifying these requirements).
7. Does the organization have paid staff with the experience and education necessary to perform any proposed CHDO-eligible activities including ownership and operation of rental housing?
 - ☐ Yes ☐ No
8. Does the organization have tax-exempt status issued by the IRS?
 - ☐ Yes ☐ No

9. Please complete, sign and return the CHDO board composition table. (Refer to 24 CFR 92.2 for definitions of “low income” and “public sector”).

Submit this form, the current board composition table and each individual board member’s self-certification.

Note: I, the undersigned do hereby certify that the information above is current and accurate as of the date shown below. I further certify that I have read and understand the definition of Community Housing Development Organization in the HOME Final Rule at 24 CFR 92.2, and that the organization continues to be in compliance with the requirements; or if the organization is not in compliance with one or more of the requirements, an explanation is attached with a plan and timeline to correct any deficiencies.

Signature of the Executive Director

Print Name

Date

KANSAS HOUSING RESOURCES CORPORATION

Community Housing Development Organization (CHDO) Current 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"/>
						<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
--	-----------	------