

**Item B - Fahe Membership Eligibility & Certification of Compliance**

**For Fahe Fiscal Year 2020 (begins July 1, 2019)**

**Membership Eligibility Criteria**

**1.** **Annual dues paid in full:** $500.00\*   
\*If received by **July 15, 2019**, refer to invoice for additional fee structure when returning dues/renewal after 7/15/19.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Invoice #MBR-2020** Check #: \_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Demonstrated commitment to affordable housing through (check all that apply)**

□ Development □ Financing □ Preservation □ Counseling □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Our organization is a (check all that apply)**

□ CAA □ CDC □ CDFI □ Habitat Affiliate □ Housing Auth. □ HUD Certified □ NWO

**Maintaining Compliance**

In exchange for membership benefits, Fahe expects its Members to comply with any reasonable request that furthers Fahe’s ability to provide resources. By signing below WE AFFIRM support for Fahe’s Mission and Standard of Practice and our organization’s responsibility to the Network.

A Member will be considered non-compliant if they fail to provide any of the following in a timely manner:

* Annual dues, paid in full and complete renewal packet
* At least one representative in attendance at each caucus and membership meeting
* Submit requested reports **(see Item C for annual renewal reporting questions)**

Non-compliance:

If a Member is determined to be non-compliant, Fahe staff will take the following actions:

1. Issue a Notification of Non-compliance
   1. Schedule a meeting
   2. Submit plan to cure non-compliance
   3. Clear issues within 2 weeks of notice
2. Send a Notice of Resource Restrictions
   1. Mortgage products
   2. Commercial loans
   3. Pass-through funds
   4. Trainings, **NTI Slots**
3. Terminate Membership
   1. Non-compliant 30 days after date of Notice of Resource Restrictions
   2. Approved by President

I understand and accept the terms of renewing my membership with Fahe as outlined above. Furthermore, I certify that all of the information reported in this document is true and accurate to the best of my knowledge as of this date.

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Member Organization Name

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President/CEO/ED (please **print** name) Signature Date