



# Official Request for Procorem WorkCenter

Email to [ARH.RequestForWorkcenter@Oregon.gov](mailto:ARH.RequestForWorkcenter@Oregon.gov)

*Please fill out all indicated (\*) sections below. If you have multiple people to add to a WorkCenter, please provide their information as indicated below. This is a high-level overview of the project to create a record in our database.*

<b>Project Name*:</b>	
<b>Expected date of PreApplication submission via Procorem*:</b>	

## Property Information

*If the street address is available, please provide. If this is a scattered site project, please indicate the information that the majority of the units are located in.*

<b>Street Address:</b>					
<b>City*:</b>		<b>Zip Code*:</b>		<b>County*:</b>	

## Project Information

<b>Total # of Units*:</b>		<b>Total Number of Sites*:</b>		<b>Currently in OHCS Portfolio*:</b>	<input type="checkbox"/>
<b>Anticipated OHCS Funding Sources*:</b>					
<b>Type of Project (New Construction or Acquisition/Rehab)*:</b>					

## Procorem WorkCenter Invitations Requested

<b>Developer*:</b>	
<b>Developer Contact*:</b>	
<b>Developer Email*:</b>	
<b>Consultant:</b>	
<b>Consultant Contact:</b>	
<b>Consultant Email:</b>	
<b>Other:</b>	
<b>Other Contact:</b>	
<b>Other Email:</b>	



# Charge Transmittal for Pre-Application

*Before any preapplication will be reviewed by OHCS staff, the applicable review charges need to be received by the Department. Please print this page off and mail it with a check, made payable to Oregon Housing & Community Services, in the amount indicated below to:*

***Oregon Housing and Community Services***

***Attn: Accounting 503-986-6760***

***725 Summer Street NE, Suite B***

***Salem, OR 97301-1266***

**Project Name:**

**Project Street Address:**

**Project City, State, Zip**

**Applicant Name:**

**Applicant Address:**

**Contact Name:**

Oregon

**Funding Program Applying for:**

4% LIHTC Program w/OHCS Bonds (241z)	<input type="checkbox"/>	\$1000
4% LIHTC Program Only (241z)	<input type="checkbox"/>	\$1000
ORR (239r)	<input type="checkbox"/>	\$200

OAHTC Pool Application Charge (NOFA 2021-7) \$1000

**Attach Check(s) Here:**

**Amount Enclosed: \$**