**RFA #6020, HOAP Homeownership Center Program Att C**

|  |  |
| --- | --- |
| **Attachment C**  **RFA Electronic Registration Request**  **Applicant**  Provide all organizational information; include the contact person’s name, direct phone number and direct e-mail address. | |
| Organization Name: |  |
| Authorized Signer Name: |  |
| Title: |  |
| Street: |  |
| City/State/Zip: |  |
| Phone: |  |
| Fax: |  |
| E-mail: |  |
| Tax ID# |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant Type (“X” box)**  Indicate Eligible Organization type | | | | |  | | |
| Non-Profit |  | | Housing Authority |  |
| Local Government |  | |  |  |
| **Additional Program Contact for RFA Electronic Registration:**  List second contact person to invite to the OHCS Secure Document Portal for Application submission. | | | | | | | |
| Contact Name: | |  | | | | Street: |  |
| Title: | |  | | | | City/State/Zip: |  |
| Phone: | |  | | | | E-mail: |  |

I certify I am an Eligible Organization and am requesting access to the OHCS Secure Document Portal to submit my Application documents. This registration does not mandate our Organization to submit a complete Application by the RFA deadline. I understand there is a mandatory Pre-Application Conference required to attend in order to submit an Application under this RFA #6020.

I submit this registration on behalf of the named Organization.

Authorized Signature, Print Name, Title Date