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

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| **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# |       |

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| **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