|  |  |
| --- | --- |
| **Attachment 3**  **Down Payment Assistance RFA #7279Application Cover Sheet**  **Applicant**  Provide all organizational information; include the contact person’s name, direct phone number and direct e-mail address. Do not attach other material about the business entity, such as resumes or organizational charts. This form must be used, double sided accepted, providing it is only one page. | |
| 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 |  | | | Federally Recognized Indian Tribe | | |  | | |
|  | |  | | |
| **Program Contact for Application Questions:**  List contact person should questions occur during the review process. | | | | | | | | | | | | | | |
| Contact Name: | | |  | | | | | | | | Street: |  | | |
| Title: | | |  | | | | | | | | City/State/Zip: |  | | |
| Phone: | | |  | | | | | | | | E-mail: |  | | |
| **Non-Profit Information (If Applicable)** | | | | | | | | | | | | | |
| Business Registry Number | | | | | |  | |  | Date of Last Annual Report Submitted | | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DPA Funding Request**  List amount requested from all sources of funding, please indicate zero (0) for sources not requesting. Estimate number of households to serve, does not require current pipeline. | | | | |
| Sources of Funds | $ Amount Requested | $ Amount Estimated to Reserve for Pilot: | Estimate Number of Households to serve: |
| DPA |  |  |  |
| DPA-Veterans |  |  |  |
| DPA-CRO |  |  |  |
| CET Hood River County |  |  |  |
| CET Choose City |  |  |  |
| CET Choose City |  |  |  |
| CET Choose City |  |  |  |
| CET Choose City |  |  |  |

**Lending Assistance**

Does your organization want OHCS to provide lending documents for eligible homebuyer programs?

|  |  |
| --- | --- |
| Yes, we want OHCS to loan to homebuyers |  |
| No, we have our own lending program |  |

|  |
| --- |
| **Program Service Region**  Identify the county or counties your organization intends to provide DPA funds to Homebuyers. If you plan on serving more than one county in your Region, describe where the office location is and how you intend on serving Homebuyers from the location if not in the same county/counties you intend on serving. If county/counties listed are an expansion to your service area, describe the reason for the change and the need for the expansion. |
| Provide a brief description of the Region (county and/or counties) your organization intends to provide DPA to Homebuyers. If any county/counties listed are an expansion to your service area, describe the reason for the change and the need for the expansion. ***Note: Region described in this section will be considered requested areas of service.*** |
|  |

**Organization Accessibility**

Describe accessibility to your Organization by public transportation services available to Homebuyers whenever possible, and access for Homebuyers with disabilities.

|  |
| --- |
| Provide a brief description of public transportation services available to Homebuyers to get to your location and explain accessibility for Homebuyers with disabilities. |
|  |

I hereby accept the terms and conditions of the RFA, I submit this application on behalf of the named organization.

Authorized Signature Date