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| --- | --- |
|  | Oregon Housing & Community Services |

# Shape  Description automatically generated with medium confidenceHomeowner Assistance Fund “HAF” Applicant Info Sheet – Attachment A, RFA #7091

# For Outreach and Application Intake Assistance

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Organization Name: |  |  |  | County: |  |
| Address: |  |  |
|  | Street Address |  |
|  |  |  |  |
|  | City | State | ZIP Code |
| County: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Person: |  | Title: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Fax: |  |

|  |  |
| --- | --- |
| Email Address: |  |

## Authorized Party Information

|  |  |  |  |
| --- | --- | --- | --- |
| Authorized Applicant: |  | Title: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Fax: |  |

|  |  |  |
| --- | --- | --- |
|

|  |  |
| --- | --- |
| Email Address: |  |

 |
| Organization Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Nonprofit Organization** (Authorized To Do Business In OR) | [ ]  | **Local Government** | [ ]  |
| **Housing Authority** (HUD Certified Counseling Agency) | [ ]  | **Other**  | [ ]  |
| If Other, please explain: |  |
|  |

 |
|

|  |  |
| --- | --- |
| Counties your organization plans to serve: |  |

Proposed Services To Be Provided by Applicant *(Check All That Apply)* |
| **Track One: Direct Outreach Activities** |
| **Video Content** | YES[ ]  | NO[ ]  |
| **Telephone/Dialing Campaign** | YES[ ]  | NO[ ]  |
| **Email Messaging Campaign** | YES[ ]  | NO[ ]  |
| **Print Materials**  | YES[ ]  | NO[ ]  |
| **Radio/TV/Print Advertisement**  | YES[ ]  | NO[ ]  |
| **Social or Digital Media Content**  | YES[ ]  | NO[ ]  |
| **In Person Outreach or Signup Seminars**  | YES[ ]  | NO[ ]  |
| **Virtual Outreach or Signup Seminars**  | YES[ ]  | NO[ ]  |
|  |  |  |  |  |  |
| **Track Two: Application Intake Assistance** |
|  |  |  |  |  |  |
| **HAF Application Intake and Quarterly Income/Hardship Certifications** | YES[ ]  | NO[ ]  |
| **In-Person Notary Services** | YES[ ]  | NO[ ]  |  |  |  |
| **Mobile or Remote Online Notarization**  | YES[ ]  | NO[ ]  |  |  |  |
| **Remote Online Notarization Certification**  | YES[ ]  | NO[ ]  |  |  |  |
|  |  |  |  |  |  |

##  Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I certify that I (including my organization) have not altered this RFA. I hereby certify and affirm that I have reviewed the RFA material, any addenda, and understand only specific RFA activities are authorized upon acceptance of an Agency-approved Application and executed Agreement.

**Please provide a written signature below:**

|  |  |  |  |
| --- | --- | --- | --- |
| Authorized Party Signature: |  | Date: |  |
|  |  |  |  |
| Print Name and Title: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Title: |  |