|  |  |
| --- | --- |
|  | 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: |  |