

Oregon Centralized Application (ORCA) Intake Form

Questions List

Project Type Navigation

Project Type*

- Affordable Rental Housing (for ORCA Project Intake Form)
 - Homeownership (referred to other program/division)
 - Housing Stabilization Resources (referred to other program/division)
 - Permanent Supportive Housing (PSH) Rental Assistance/Services Only (referred to other program/division)
 - Not Sure (referred to other program/division)
-

Applicant Details

Entity Name* (This is often the entity completing this form.)

Entity Address*

Entity City*

Entity State*

Entity Zip*

Entity Type*

- For-profit
- Self
- Nonprofit (including CDC)
- Public Housing Authority
- Local Government

- Tribe

If nonprofit, Public Housing Authority, Local Government, or Tribe: Is Your Entity

- A culturally-specific Housing Developer
- A rural organization
- A Tribe or a Tribally-affiliated organization
- Are you interested in receiving Technical Assistance?
 - Yes
 - No
 - Not Sure

Entity TIN or EIN #

Entity Phone #*

Entity Website

Primary Contact Name*

Primary Contact Title

Primary Contact Phone #*

Primary Contact Email*

Project Concept

Project Name*

Has this project EVER applied for OHCS funding?*

- Yes
- No

If yes, what year did this project apply to OHCS for funding?* (Providing the Application year is sufficient)

Does the project have any current or existing affordability restrictions?* (If yes, please briefly describe in 1-2 sentences. Proposed project restrictions can be described later in this form.)

Brief Project Description* (Roughly 2-4 sentences, briefly include known factors such as: Unit mix, number of buildings, AMI levels, Extremely Low Income, non-affordable spaces, etc.)

Is your project planning to include co-located child care or an early learning space?

- Yes
- No

Construction Type*

- New Construction
- Rehabilitation
- Acquisition/Rehab
- Adaptive Reuse
- Preservation

If Preservation: Which preservation category are you applying under*

- Risk of Loss: Physical or Financial Challenges
- Risk of Loss: Federal Project-Based Rent Assistance

If Rehabilitation, Acquisition/Rehab, or Preservation: Is this property currently subject to a Property Improvement Plan approved by OHCS, or in the process of developing one?*

- Yes
- No

Have you chosen or identified the location of the project?

- Yes
- No

If Yes: Have Site Control?

- Yes
- No

Project Address (Map/Tax lot # if no known address)* Include each site

Currently Zoned Appropriately?

- Yes
- No
- Not sure

If no or not sure: Have Zoning Strategy?* (Is there a planned zoning strategy in place?)

- Yes
- In process
- No

Does the project have an infrastructure strategy?* At this stage in the project development has a strategy for infrastructure (ie.SDC, road ownership, easements, utility hookups, etc.) been developed?

- Yes
- In process
- No

Does the project have a permitting strategy?*

- Approved
- Submitted
- Yes
- In process
- No

If you have a permitting strategy please describe in roughly 1-2 sentences. If you do not yet have a permitting strategy, when will you have one?

Has the project obtained environmental evaluations or reports?*

If no: City or Region of Interest*

Intended population(s) to be served by the project* (Who will the project serve? Check all that apply)

- Agricultural Workers
- Chronically Homeless
- Communities of Color
- Currently of Formerly Homeless
- Family/Workforce
- Foster Youth
- Intellectual or Developmental Disability
- Persons with HIV/AIDS
- Physical Disability
- Previously Incarcerated
- Seniors
- Serious and Persistent Mental Illness
- Substance Use Disorder
- Survivors of Domestic Violence
- Veterans
- Other

If you marked “Communities of Color,” please specify* (Please describe in 2-4 sentences. You may include project partnerships, marketing outreach plans for the population identified, etc.)

Target Population(s) Other* (Please describe in 2-4 sentences. You may include project partnerships, marketing outreach plans for the population identified, etc.)

Unit Mix: Bedroom Sizes (check all unit sizes included in the project)

- SRO Unit
- Studio
- 1 Bedroom
- 2 Bedroom
- 3 Bedroom
- 4 Bedroom
- Other

How many units of each bedroom size you marked above?*

Unit Mix: Project AMI (check all AMIs to be included in the project)

- 30% AMI or lower
- 50% AMI or lower
- 60% AMI or lower
- 80% AMI or lower
- Other

How many units of AMI you marked above?*

Financial Strategy

Estimated Total Cost of Project*

Anticipated Amount Requested from OHCS for Project* (While we are awaiting final subsidy limits, please provide your best estimate as to the amount of funds you require.)

Are there specific OHCS funding resources you are currently considering for the Project?* (The intention for this question is to gain a better understanding of your project concept by asking only IF you’ve already considered your project budget with specific funding types. OHCS will work to collaborate with partners on the best resource for the project. Check all that apply)

- 4% Low Income Housing Tax Credit (LIHTC) with Bonds (not available until 2025)
- 9% Low Income Housing Tax Credit (LIHTC) with Bonds (not available until 2025)
- Agricultural Workforce Housing Tax Credit (AWHTC)

- General Housing Account Program (GHAP / Housing Development Grant Program (HDGP) Grant/Loan
- Low Income Fast Track (LIFT) Rental
- OHCS Permanent Supportive Housing (PSH)
- Oregon Affordable Housing Tax Credit (OAHTC)
- Preservation of Manufactured Housing Project Grant (PMDP)
- Set-asides for culturally-specific housing developers, rural projects, or federally recognized Tribes
- Veterans set-aside (GHAP) Grant/Loan
- Unsure

If you selected 4% or 9% LIHTC: You have selected a LIHTC funding source: LIHTC is not currently available. Would you like to move forward WITHOUT LIHTC funding, or would you like to submit your project to remain with the Applications Team until LIHTC funding is available in the future?

- I am submitting my project to remain with the Applications Team in order to wait for LIHTC availability in the future.
- I am submitting my project for funding now, which can move forward without LIHTC funding.

Applicant Contribution to Project* (How much capital, if any, will your organization contribute to the project budget?)

Are non-OHCS Public Funds anticipated to contribute to the Project?*(These funds may be under consideration by the project in addition to funds already awarded to the project.)

- Yes
- No

If yes: Source of non-OHCS Public Funding Contribution to Project

- City Funds
- County Funds
- Other non-OHCS Public Funds

List contribution amount, if it is a loan or grant, and the terms/restrictions if known.

Are Investor Funds anticipated to contribute to the Project?*

- Yes
- No

If yes: list source of the Investor Funds, the investor relationship, the contribution amount, and the terms/restrictions if known.

Is a Construction Loan anticipated for this project?*

If yes: list Construction Loan amount and Loan Rate and Terms.

Brief Budget Description* (Please provide an explanation of how the budget was developed in roughly 2-4 sentences.)

Escalation Estimates (Please provide any detail on known factors in assessing cost escalation for this project. Please limit to 1-2 sentences and remember that this is a non-competitive application process.)

Project-Based Rental Assistance* (Does the project have, or will seek to have, units with project-based rental assistance?)

- Yes (Project has committed assistance)
- Intended (Project is seeking project-based rental assistance)
- No (Not seeking project-based rental assistance)

If Yes or Intended, please explain* (In roughly 1-2 sentences, describe what type, number of units, target populations, etc.)

Will the Project have PSH Units?*

- Yes
- No
- Not sure

If yes, has the Developer and/or whole project team COMPLETED an Oregon Supportive Housing Institute?*

- OSHI is completed
- Not enrolled in OSHI
- Currently enrolled in OSHI

If Completed or Currently Enrolled: Which year was the Oregon Supportive Housing Institute completed, or is anticipated to be completed?

If planning for PSH units, will the Project seek OHCS PSH Rental Assistance and/or PSH Services Funding?*

- Yes, OHCS PSH Rental Assistance
- Yes, PSH Services Funding
- No
- Not sure

Estimated Construction Start Date

Estimated Project Completion Date* (When do you intend to have units ready for occupancy?)

Identified Project Sponsor(s) or Partner(s)

For any known entities for the fields below, please identify. Otherwise, leave blank.

Developer

Co-Developer

Developer Consultant

Sponsor

Co-Sponsor

Lender(s)

Architect(s)

Contractor(s)

Property Managers

Service Provider(s)

If nonprofit, Public Housing Authority, Local Government, or Tribe:

Pre-Development

Pre-Development Assistance* (Will you need/want a pre-development loan?)

- Yes
 - No
 - Not sure
-

If nonprofit, Public Housing Authority, Local Government, or Tribe:

Capacity Building

Capacity Building Assistance* (Will you need/want a capacity building grant?)

- Yes
 - No
 - Not sure
-

OHCS Prequalification

Is your Developer/Co-Developer OHCS Prequalified?* (This may be completed any time prior to finalizing your Impact Assessment application which is in the next step of the ORCA process. It does not need to be submitted prior to sending this Intake Form.)

- Yes
 - No or not sure
 - Not sure
-

Additional Items

Do you have any brief additional details you would like to add to this intake about the project?* (Please limit 1-3 sentences.)

Checkbox: Send me a copy of my responses. (A box will be provided for you to enter your email address if you choose to select this option.)

SUBMIT