Affordable Housing & Shelter Insurance Assistance Application – Oregon

Section 1: Applicant Identification

1. **Legal Name of Organization or Individual Applicant** **Fillable text box**
2. **Type of Applicant** **checkbox fields or dropdown menu**

   ☐ Shelter Provider

   ☐ Affordable Housing Provider

   ☐ Project Turnkey Site

   ☐ Navigation Center

   ☐ Local Government Entity
3. **Applicant Contact Name** **Fillable text box**
4. **Applicant Email Address** **Fillable text box**
5. **Phone Number** **Fillable text box**
6. **Mailing Address** **Fillable text box**
7. **Site Address(es) of Affordable Housing or Shelter Properties** **Multiple fillable text boxes or spreadsheet with text field completion requirement before continuing the application**

Section 2: Eligibility Verification

1. **Are you currently operating in Oregon?** ☐ Yes ☐ No **checkbox fields or dropdown menu**
2. **Is the ultimate owner of the eligible property a not-for-profit entity?** ☐ Yes ☐ No **checkbox fields or dropdown menu**
   - If yes, applicant must provide proof of not-for-profit status, such as: IRS nonprofit determination letter, Oregon Secretary of State articles of incorporation stating non-for-profit status, or Oregon Department of Justice not-for-profit registration documentation. **checkbox fields or dropdown menu. **Upload file attachment(s)/file drop box**

3. **Do you provide affordable housing or shelter services to individuals or families earning ≤ 60% of Area Median Income (AMI)?** ☐ Yes ☐ No **If response is no, notify applicant they are not eligible for this program and discontinue application process** **Note** – ask RAC and OHCS about additional definitions/qualifiers beyond ≤ 60% AMI.**
4. **Please upload documentation verifying your status as an affordable housing or shelter provider.** **Upload file attachment(s)/file drop box**
    - Examples: IRS nonprofit determination letter, HUD certification, state/local housing authority registration, title noting property is affordable housing or shelter, or confirmation letter from Oregon Housing and Community Services (OHCS).
5. **Number of housing units or shelter beds currently in operation** **Fillable text box**
6. **Average occupancy rate over the past 12 months (%)** **Fillable text box**
7. **Do you receive public funding (local, state, or federal) for housing or shelter operations?** ☐ Yes ☐ No
    - If yes, please list sources and amounts. **Fillable text box or spreadsheet**

Section 3: Insurance Cost History

1. **Total property insurance cost for the previous calendar year (Year 1)** **Fillable text box or spreadsheet**
2. **Total property insurance cost for the current calendar year (Year 2)** **Fillable text box or spreadsheet**
3. **Have your insurance premiums increased more than ten percent (10.0%) in each of the past two years?** ☐ Yes ☐ No
    - If yes, please explain the reason (e.g., natural disasters, market shifts, coverage changes). Please also describe any changes in the insurance coverage (e.g. higher deductibles, loss exclusions, lower coverage amounts, etc.). **Expanded text box with additional character limits for narrative response**
4. **Do you currently have any unpaid insurance bills or outstanding premium balances?**

    ☐ Yes ☐ No
    - If yes, please provide details on the unpaid balances and the dollars amounts. **Fillable text box**

5. **Upload supporting documentation to show insurance premiums were paid within the past 12 months.** **Upload file attachment(s)/file drop box**
    - Copy of the insurance policy declaration page, policy binder, or policy renewal notice showing the applicant/entity name, the premium amount owed, and the insurance coverage period; and
    - Proof of premium payment
        - Examples: Copy of bank statement showing payment, copy of escrow payment, image of cleared check, or other supporting documentation with sufficient financial detail confirming insurance premium payment.

Section 4: Financial Need Assessment

1. **Total annual operating budget for housing/shelter services** **Fillable spreadsheet**
2. **Total annual revenue from all sources (grants, rent, donations, etc.)** **Fillable spreadsheet**
3. **Current reserve funds available for insurance costs** **Fillable spreadsheet**
4. **Have you applied for other insurance assistance or subsidy programs in the past 12 months?** ☐ Yes ☐ No
5. **If yes, please list programs and outcomes.** **Fillable text box or spreadsheet**
6. **Briefly describe the financial hardship or risk posed by current insurance costs** **Expanded text box with additional character limits for narrative response**
7. **What percentage of your operating budget is currently allocated to insurance?** **Fillable spreadsheet**
8. **Please provide documentation supporting the operating budget percentage devoted to paying insurance costs.** **Upload file attachment(s)/file drop box**
    - Examples: Copy of financial statement(s) showing applicant's total annual operating expenses and costs of insurance premiums.

Section 5: Certification & Signature

1. **I certify that the information provided is accurate and complete to the best of my knowledge.** ☐ Yes

2. **Name and Title of Authorized Representative** **Fillable text box**
3. **Signature** **e-signature**
4. **Date of Submission** **Fillable text box**