Request for Qualifications Form
OHFA Homeownership Program

Agency Name	Agency Address
Contact Number	

1

Counties Served				

2 **Physical description of office (including street address and equipment)**

3 **HUD Certification Attached** ☐ **Yes**

Employees/Contacts			
Manager		Phone/Email	/
Employee		Phone/Email	/
Employee		Phone/Email	/
Employee		Phone/Email	/
Employee		Phone/Email	/
Employee		Phone/Email	/
Employee		Phone/Email	/
Employee		Phone/Email	/
Employee		Phone/Email	/
Employee		Phone/Email	

Additional Notes:

Referal Contact Information

Agency Address _____

Agency Phone _____

Agency email Address _____