

# Facsimile Transmittal

U. S. Department of Housing  
and Urban Development

OMB Number: 2525-0118  
Expiration Date: 06/30/2011

1288189716-1971

Office of Department Grants  
Management and Oversight

Name of Document Transmitting: [REDACTED]

## 1. Applicant Information:

Legal Name: [REDACTED]

Address:

Street1: [REDACTED]

Street2: [REDACTED]

City: [REDACTED]

County: [REDACTED]

State: [REDACTED]

Zip Code: [REDACTED]

Country: [REDACTED]

USA: UNITED STATES

## 2. Catalog of Federal Domestic Assistance Number:

Organizational DUNS: [REDACTED]

CFDA No.: [REDACTED]

Title: [REDACTED]

Program Component: [REDACTED]

## 3. Facsimile Contact Information:

Department: [REDACTED]

Division: [REDACTED]

## 4. Name and telephone number of person to be contacted on matters involving this facsimile.

Prefix: [REDACTED]

First Name: [REDACTED]

Middle Name: [REDACTED]

Last Name: [REDACTED]

Suffix: [REDACTED]

Phone Number: [REDACTED]

Fax Number: [REDACTED]

## 5. Email: [REDACTED]

## 6. What is your Transmittal? (Check one box per fax)

a. Certification  b. Document  c. Match/Leverage Letter  d. Other

## 7. How many pages (including cover) are being faxed? [REDACTED]