

Facsimile Transmittal

**U. S. Department of Housing
and Urban Development**

OMB Number: 2535-0118
Expiration Date: 12/01/2016

Office of Department Grants
Management and Oversight

1399995037-6043

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:

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:

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5. Email:

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