

**Facsimile Transmittal**

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

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

Office of Department Grants  
Management and Oversight

1288189716-1971

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:

[Redacted]

**5. Email:**

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

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

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