OMB Approved No. 1505-0266 Expiration Date: MM/DD/YYYY

RECIPIENT PAYMENT INFORMATION FORM

Eligible grantees—states (including the District of Columbia), U.S. Territories (Puerto Rico, the United States Virgin Islands, Guam, the Commonwealth of the Northern Mariana Islands, and American Samoa), local governments with more than 200,000 residents, the Department of Hawaiian Homelands, and Indian tribes (defined to include Alaska native corporations) or the tribally designated housing entity of an Indian tribe, as applicable—must provide payment information and an executed copy of the award terms not later than 11:59 p.m. EDT on January 12, 2021.

An exception is provided in the statute for Indian tribes that opted out of receiving a grant allocation under the Native American Housing Block Grants program formula in fiscal year 2020. Those Indian tribes must provide payment information and sign the acceptance of award terms form not later than 11:59 p.m. on January 26, 2021. An authorized representative of the eligible grantee with legal authority to bind the eligible grantee must sign the acceptance of award terms forms. In the case of a local government, the chief executive officer of the local government must sign the acceptance of award terms form.

RECIPIENT INFORMATION

Recipient Name
Recipient's Taxpayer ID Number
Recipient's DUNS Number
Recipient's Address
Street
City
State None ▼
Postal Code

Expiration Date: MM/DD/YYYY
Authorized Representative Name
Authorized Representative Title
Contact Person Name
Contact Person Title
Contact Person Phone
Contact Person E-mail
RECIPIENT TYPE
Type of recipient (choose one):
State/DC
 Territorial Government
C Local Government
☐ Indian Tribe or Tribally Designated Housing Entity
General Department of Hawaiian Homelands
FINANCIAL INSTITUTION INFORMATION
Routing Transit Number (Wire)
Routing Transit Number (ACH)
Recipient's Account Number
Financial Institution Name

OMB Approved No. 1505-0266

OMB Approved No. 1505-0266
Expiration Date: MM/DD/YYYY
Financial Institution Address
Financial Institution Telephone Number

PAPERWORK REDUCTION ACT NOTICE

The information collected will be used for the U.S. Government to process requests for support. The estimated burden associated with this collection of information is 15 minutes per response. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Office of Privacy, Transparency and Records, Department of the Treasury, 1500 Pennsylvania Ave., N.W., Washington, D.C. 20220. DO NOT send the form to this address. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid control number assigned by OMB.