

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: [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]