

**Facsimile Transmittal**

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

OMB Approval No. 2525-0118  
exp. Date (04/30/2005)

Office of Department Grants  
Management and Oversight

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**1. Applicant Information:**

\* Legal Name:

\* Address:

\* Street1:

Street2:

\* City:

County:

\* State:

\* Zip Code:  \* Country:

**2. Catalog of Federal Domestic Assistance Number:**

\* Organizational DUNS:  CFDA No.:

Title:

Program Component:

**3. Facsimile Contact Information:**

Department:

Division:

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

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Phone Number:

Fax Number:

\* 5. Email:

**\* 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?