

Facsimile Transmittal

U. S. Department of Housing
and Urban Development

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

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Office of Department Grants
Management and Oversight

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?

Form HUD-96011 (10/12/2004)

Tracking Number: