

# Facsimile Transmittal

U. S. Department of Housing and Urban Development

OMB Approval No. 2525-0118  
exp. Date (5/30/2008)

Office of Department Grants Management and Oversight

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\* Name of Document Transmitting:

### 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?