

**Application for
Federal Assistance**
**U.S. Department of Housing
and Urban Development**

OMB Approval No.2501-0017 (exp. 03/31/2005)

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|---|--|----------------------------------|---|---|--|
| 1. Type of Submission <input type="checkbox"/> Application <input type="checkbox"/> Preapplication | | 2. Date Submitted | | 4. HUD Application Number | |
| | | 3. Date and Time Received by HUD | | 5. Existing Grant Number | |
| | | | | 6. Applicant Identification Number | |
| 7. Applicant's Legal Name | | | 8. Organizational Unit | | |
| 9. Address (give city, county, State, and zip code) A. Address: B. City: C. County: D. State: E. Zip Code: | | | 10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: B. Title: C. Phone: D. Fax: E. E-mail: | | |
| 11. Employer Identification Number (EIN) or SSN | | | 12. Type of Applicant (enter appropriate letter in box) | | |
| | | | A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District | | |
| 13. Type of Application <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify) | | | I. University or College J. Indian Tribe K. Tribally Designated Housing Entity (TDHE) L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority P. Other (Specify) | | |
| 14. Name of Federal Agency U.S. Department of Housing and Urban Development | | | | | |
| 15. Catalog of Federal Domestic Assistance (CFDA) Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">14 ---</div> Title: Component Title: | | | 16. Descriptive Title of Applicant's Program | | |
| 17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) | | | | | |
| 18a. Proposed Program start date | | 18b. Proposed Program end date | | 19a. Congressional Districts of Applicant | |
| | | | | 19b. Congressional Districts of Program | |
| 20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2. | | | | | |
| 21. Is Application subject to review by State Executive Order 12372 Process? A. Yes <input type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date _____ B. No <input type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> Program has not been selected by State for review. | | | | | |
| 22. Is the Applicant delinquent on any Federal debt? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation. | | | | | |