

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

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

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)																		
			<table border="0"> <tr> <td>A. State</td> <td>I. University or College</td> </tr> <tr> <td>B. County</td> <td>J. Indian Tribe</td> </tr> <tr> <td>C. Municipal</td> <td>K. Tribally Designated Housing Entity (TDHE)</td> </tr> <tr> <td>D. Township</td> <td>L. Individual</td> </tr> <tr> <td>E. Interstate</td> <td>M. Profit Organization</td> </tr> <tr> <td>F. Intermunicipal</td> <td>N. Non-profit</td> </tr> <tr> <td>G. Special District</td> <td>O. Public Housing Authority</td> </tr> <tr> <td>H. Independent School District</td> <td>P. Other (Specify)</td> </tr> </table>			A. State	I. University or College	B. County	J. Indian Tribe	C. Municipal	K. Tribally Designated Housing Entity (TDHE)	D. Township	L. Individual	E. Interstate	M. Profit Organization	F. Intermunicipal	N. Non-profit	G. Special District	O. Public Housing Authority	H. Independent School District	P. Other (Specify)
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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)			14. Name of Federal Agency <b>U.S. Department of Housing and Urban Development</b>																		
15. Catalog of Federal Domestic Assistance (CFDA) Number <b>14 ---</b> 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: <b>Applicant must complete the Funding Matrix on Page 2.</b>																					
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.																					