

Assignment/Assumption Agreement

U.S. Department of Housing and Urban Development

Current Grantee		New Grantee	
1. Grantee's complete Name and Address		7. Grantee's complete Name and Address	
2. Current Grantee Tax ID Number		8. New Grantee Tax ID Number	
3. Current Grant Agreement Number		9. New Grant Agreement Number (if any)	
4. Current Effective Date (mm/dd/yyyy)		10. New Effective Date (mm/dd/yyyy)	
5. Current Ending Date (mm/dd/yyyy)		11. New Ending Date (mm/dd/yyyy)	
6. Current Recipient Project Manager (Name)		12. New Recipient Project Manager (Name)	
6a. Title		12a. Title	
6b. Phone Number (Include Area Code)		12b. Phone Number (Include Area Code)	
13. Amount Previously Obligated \$ _____ Obligated by this action \$ _____ Total Obligation \$ _____ Grantee Matching \$ _____		14. Assistance Arrangement <input type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Fixed Price	
15. Description			

16. Additional Terms (check one) <input type="checkbox"/> None <input type="checkbox"/> Attached	17. Special Conditions (check one) <input type="checkbox"/> None <input type="checkbox"/> Attached
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Current Grantee		New Grantee	
18a. Name of Authorized Official (printed)		19a. Name of Authorized Official (printed)	
18b. Title		19b. Title	
18c. Signature	18d. Date (mm/dd/yyyy)	19c. Signature	19d. Date (mm/dd/yyyy)

Consent by HUD Authorized Official	
20a. Name of Authorized Official (printed)	20b. Title
20c. Signature	20d. Date (mm/dd/yyyy)