



**HOME INVESTMENT PARTNERSHIP PROGRAM  
CHDO PAYMENT REQUEST FORM**

CHDO Name & Address		Date of Request	
Project No.	Project Address	Amount Requested	Type 1 = Progress 2 = Final
<b>TOTAL</b>			

*Check this box if requesting Electronic Deposit*

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Name & Title of Authorized Signatory      Signature      Date

Please submit this form and appropriate documentation to:  
 Kansas Housing Resources Corporation  
 Attn: CHDO Program Manager  
 611 S. Kansas, Suite 300  
 Topeka, Kansas 66603-3803  
 785-217-2001      Fax 785-232-8084



### CHDO PROGRAM EXPENDITURE DOCUMENTATION

Activity No.	Date	Description	Amount	Check No.	Invoice
		TOTAL			