

**KANSAS HOUSING RESOURCES CORPORATION
HOME 1ST TIME HOMEBUYER PROGRAM**

INSPECTION REQUEST

Date Application Faxed: _____ Date of Reinspection Request: _____ -

| | |
|------------------------------|-----------------|
| # of Pages: | From: |
| To: Cynthia Howerton | Bank: |
| Dept: KHRC | Phone #: |
| Phone #: 785-217-2025 | Fax #: |
| Fax #: 785-232-8073 | E-mail: |

Name of Homebuyer(s) (last, first, middle initial)

Street Address of Property to be Purchased

City County Zip

Contact Person for Scheduling Inspection Address Phone #

FOR STATE AGENCY/INSPECTOR USE ONLY

Date sent to Inspector: _____ Inspection Agency: _____

Fax Number: _____ Number of Pages: _____ File Number: _____

Date Contact Person Contacted: _____

Date Inspection Scheduled: _____

Inspector: _____ Inspection: Pass _____ Fail _____