KANSAS HOUSING

HOME PROGRAM Tenant Based Rental Assistance Payment Request Form **ACTIVITY RELATED COSTS**

This form shall be used in requesting a drawdown of funds for Tenant Based Rental Assistance.

Mail completed form to: Kansas Housing Resources Corporation Attn: Cynthia Howerton, Program Manager 611 South Kansas Ave, Suite 300

This form is due no later than the 10th of the month.

		Το	peka, Kansas 66603-3803		
	ress of Grantee				
Name:		Date Of Reques	t:		
Address:		Request for the	Month of:		
City:		Grant Number:			
State	Zip	Phone Number:			
Project Nu	mber (List Once)	Tenant Nam	IE	TBRA AMOUNT	REQUESTED
				<u> </u>	
		TOTAL	CDDA Droiset Deleted Coete		0.00
		IOTAL	BRA Project Related Costs		0.00
		Se	econd and Third Page Total		0.00
			TOTAL		
		c	Continued on next page? Y	'es No	x
	Signature				
				If you total of page 2 will b	a added to page 1 total

If yes, total of page 2 will be added to page 1 total.