# Tenant Based Rental Assistance Payment Request Form

## Direct Activity Costs

### Project Number (List Once)

<table>
<thead>
<tr>
<th>Tenant Name</th>
<th>TBRA Amount Requested</th>
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### TOTAL TBRA Direct Activity Costs

- 0.00

### Second and Third Page Total

- 0.00

### TOTAL

- $0.00

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Date of Request: [ ]

Signature:________________________

Name of Authorized Signatory: __________________________

Title: __________________________

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

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

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

Mail completed form to:

Kansas Housing Resources Corporation

Attn: Cynthia Howerton, Program Manager

611 South Kansas Ave, Suite 300

Topeka, Kansas 66603-3803

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