KANSAS HOUSING

HOME PROGRAM
Tenant Based Rental Assistance
Payment Request Form
DIRECT ACTIVITY COSTS

	e used in requesting a drawdown of Based Rental Assistance.		Mail completed form to: Kansas Housing Resources Corporation Attn: Cynthia Howerton, Program Manager					
т	his form is due no later that	n the 10th of the mo	nth. 611 S	South Kans	owerton, Program as Ave, Suite 300 66603-3803	ii wanayei)		
Name and	Address of Grantee							
Name:			Date Of Request:					
Address:			Request for the M	lonth of:				
City:			Grant Number:					
State	Zip		Phone Number:					
	t Number (List Once)		Tenant Name	e		TBRA AMO	UNT REQUES	TED
•	, ,							
			TOTAL	TBRA Dire	ct Activity Costs			-
			Se	econd and	Third Page Total	_		0.00
					TOTAL	\$		-
Olmor.				Continued	on next page? Y	'es	No X	
	Signature				ŀ	f yes, total of page 2	will be added to pa	age 1 total.
Name of Authorized Signatory						Title		