

# Kansas Homeowner Assistance Fund (KHAF)

## Servicer Contact Information

Please provide us with details of the dedicated primary and secondary contact for the KHAF program including all the information below:

Servicer Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Website: \_\_\_\_\_

Primary contact name: \_\_\_\_\_

Title: \_\_\_\_\_

Area of Responsibility: \_\_\_\_\_

Office Hours: \_\_\_\_\_

Email: \_\_\_\_\_

Direct Phone: \_\_\_\_\_

Secondary contact name: \_\_\_\_\_

Title: \_\_\_\_\_

Area of Responsibility: \_\_\_\_\_

Office Hours: \_\_\_\_\_

Email: \_\_\_\_\_

Direct Phone: \_\_\_\_\_