## **KANSAS HOUSING**

HOME PROGRAM
Tenant Based Rental Assistance
Payment Request Form
ADMIN RELATED COSTS

This form shall be used in requesting a drawdown of funds for Admin Costs: Email completed form to: th HQS/NSPIRE Inspections = \$175 and Income Eligibility = \$150 Kansas Housing Resources								
This form is due no later than the 10th of the month.  Attn: TBRA Program Management of the month.								
Name and A	ddress of Grantee							
Name:			Date Of Req					
Address:			Request for t					
City:			Grant Number:					
State	Zip		Phone Number:					
Project Number (List Once)			Tenant Name			TBRA AMOUNT REQUESTED		
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TOTAL TBRA Direct Activity Costs						-		
Second and Third Page Total						0.00		
Social and third age four							3.30	
TOTAL						\$	-	
I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.  Continued on next page? Yes No								
		_		Continued	on next page? Y	es No		
	Signature	_			Ify	es, total of page 2 will be	added to page 1 total.	
	Name of Authorized Signat	on		-		Title		