

## 2024 HOME TBRA Funding Cap Waiver Request

### Contact Information

**Name**

**Email**

**Phone**

**Award Cap: \$200,000**

**Additional Amount Requested:**

**Total HOME TBRA Funds Requested:**

**Please provide justification for additional funds above \$200,000 award cap.**

**Agency:**

**Signature:**

**Date:**

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**FOR KHC USE ONLY**

**Level of Approval Required**

- Manager
- Managing Director
- Deputy Executive Director
- Executive Director
- KHC Credit Committee

**KHC Staff Recommendation**

**Waiver Decision**

- Approved**
- Denied**

**KHC Justification for Approval/Denial**

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Manager

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Date

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Managing Director of Housing Contract Administration

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Date

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Deputy Executive Director, Housing Production & Programs

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Date

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Chief Financial Officer/Credit Committee Chairperson

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Date

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Executive Director

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Date