



Kansas Housing Cooperative Preliminary Grant Application

DUPLEX PROJECT INFORMATION

Project Name: _____ Requires Demolition: Yes No

Project Address/Location: _____

City: _____ County: _____

Construction Methodology (pick one):

New Construction - Stick Built On Site: _____ Componentized: _____ Modular: _____

Other (describe): _____

of Duplexes: _____ Total Sqft. Per Duplex: _____

BRs: _____ # Baths: _____ # Car Garage: _____ Basement: _____ or Slab: _____

Cost per Duplex: _____ Total Development Cost: _____

Projected Start Date: _____ Duplexes per Year: _____ # Years: _____

Zoning: _____ Site Control Type: _____

Target Population: _____ Monthly Rent Per Unit: _____

DEVELOPER CONTACT INFORMATION

Name _____ Email _____ Telephone _____

FUNDING

Amount Requested: _____ Proof of Local Match: Yes No TBD

Use of Funds: _____

Other Financial Resources: _____

Waivers Requested: _____

COMMENTS: