



DBHDD

GEORGIA HOUSING VOUCHER PROGRAM GHVP-3 Bridge Funding Request

Date: _____

Submitting Provider: _____

The purpose of this form is to document Bridge Funding expenses made by the Current Provider on behalf of the individual in their community transition efforts and to serve as a cover memo with attached invoices for reimbursement.

Claims should be submitted to Beacon within 90 days of the date of expense. Additional guidance on submitting claims can be found [here on the GHVP Help Center](#).

Individual Name: _____ Notice to Proceed Tracking Number _____

Individual Address: _____ Signed Lease Date _____

_____ Standard Bridge Funding Remaining Balance \$ _____

City/State/ZIP: _____

Bridge Funding Reimbursement Request

Prior approval for eligible expenses up to the \$3,000 standard household budget is not required, except for accessibility modifications which requires prior DBHDD approval.

Requests that exceed the maximum allowed budget will require DBHDD approval before reimbursement. DBHDD recommends prior approval before exceeding any budget maximums.

Remit Provider Fee to: _____

(Must match W-9 form)

Address: _____

Acknowledgement:

I, on behalf of my agency, certify the accuracy of the attached request and accompanying invoices for Bridge Funding to support the transition of the individual identified above.

Provider Authorized Representative Signature Print Name Date

I certify that the provider has explained this document and provided the identified assistance.

Tenant Signature Print Name Date

You can download this form and others and submit a support inquiry at GHVP.ZenDesk.com.



GHVP-3: Bridge Funding Request (Expense page)

DBHDD Find more guidance about the procedural codes below and their associated budgets if you have questions online at our Supportive Housing Help Center: GHVP.ZenDesk.com.

Remember: Invoices or valid receipts are required to be submitted with all claims to Beacon to avoid denial. Claims exceeding the maximum budget require further review before reimbursement can be approved. If assisting an individual who has previously utilized Bridge Funding, DBHDD recommends confirming the available funding before making purchases. If there is not sufficient funding, you can submit an inquiry to the Regional Field Office to request additional funds.

Eligible Expense Categories	Budget Maximum	Proc. Codes	Mod 1	Mod 2	Amount	Invoice? (Y/N) or Comments
Household Basics – All the below categories are bundled under one household budget.						
Household Furnishings	\$3,000	T1999	HE	H1	\$	
Household goods & supplies		T1999	HE	H2	\$	
Moving Expenses		T1999	HE	M1	\$	
Utility Deposits		T1999	HE	D1	\$	
Transportation		T2003	HE		\$	
Food/Grocery		T1999	HE	FG	\$	
Medication		T1999	HE		\$	
Other		T1999	HE	X1	\$	
Accessibility Modifications		S5165	HE		\$	
Household Basics Total					\$	
Provider Fees - for non-HSP providers that assist with the leasing or lease renewal process						
Fees - New move-in	\$500	T1999	HE	F1	\$	
Fees - Renewal	\$500	T1999	HE	F2	\$	
Fees - Transfer	\$500	T1999	HE	F3	\$	
Rental Payments made via Bridge – It is critical to identify which months have already been paid for:						
Pro-rated rent (partial month at lease startup)	No limit	H0044	HE		\$	Month:
Full Month(s) Rents (identify which months paid)	No limit	H0044	HE		\$	Months:
Housing Assistance – Each of these items have their own budget maximum separate from household basics.						
Security Deposit(s)	\$2,500	T1999	HE	S1	\$	
Emergency Lodging / Temporary Shelter	\$1,500	H0043	HE	HW	\$	
Property Admin. Support	\$1,500 (\$750/yr)	T1999	HE	F4	\$	
Inspection Repair Costs	\$1,000	T1999	HE	F5	\$	
Utility Support (HSP only)	\$2,500	T1999	D1	U1	\$	
Eviction Prevention	\$1,000	T1999	RR	EV	\$	
TOTAL Bridge Expenses					\$	

SFY 2023 v1.23.23

WARNING: To willfully falsify a material fact or make a false statement in any matter will affect continued benefits under the Georgia Housing Voucher Program. DBHDD shall not be required to reimburse any expenses that violate programmatic guidelines.