



Special Purpose Vouchers Meet Housing Choice Voucher

# Current Operations

## Waycross

500 Alice Street  
serves as our  
Southern Regional  
Customer Service and  
Operations center.

## Atlanta Main

60 Executive Park  
serves as the  
Northern Regional  
Customer Service  
center

## Atlanta Temp

1800 Century Blvd  
serves as the  
Northern Regional  
Operations center  
(no public access)

# Referral Process

- To initiate the referral process, your agency will:
  - Identify an eligible family
  - Complete the referral form
  - Have the family complete the application and submit verifications
  - Email referral, application, and supporting documents to zendesk

# A Successful and Expedited Referral

- Referral Form:

Be sure the referral form is complete, has accurate contact information, is dated and signed where needed.

- Application:

The DCA HCV Application must be complete. All adults must disclose all relative information and sign the application where indicated.

- Supporting Documents

Be sure all household members have unaltered and legible social security cards, photo ID (18+), and birth certificates.

(alternative forms of verification may be accepted)

- Income Verification

Recent and consecutive pay stubs or verification for earned income. Recent, up to date, legible and unaltered verification of unearned income (SSI, Child Support, Retirement, etc.)

- Assets

Most recent statements or verification of assets. This includes 401k, real property, checking/savings, land, etc.

- Accompanying Forms

All forms that accompany the application must be completed and signed by all adults unless otherwise stated.

(HUD and DCA forms are required in order to verify eligibility)

# Accompanying the Application

## TENANT INFORMATION

Name	
Address	
Telephone Number	
E-mail	

## CHECKLIST

<input type="checkbox"/> Picture ID	For All Adult Household Members 18 years old and older
<input type="checkbox"/> Birth Certificate	For All Household Members
<input type="checkbox"/> Social Security Card	For All Household Members
<input type="checkbox"/> Tenant Information Form	Signed by All Household Members 18 years old and older
<input type="checkbox"/> Optional & Supplemental Contact	Signed by Head of Household
<input type="checkbox"/> Authorization to Release Info - HUD	Signed by all household members 18 years old and older
<input type="checkbox"/> Third Party Consent Form - DCA	Signed by all household members 18 years old and older
<input type="checkbox"/> Declaration of Citizenship	For all household members – 1 form for each household member
<input type="checkbox"/> Debts Owed - HUD	Signed by all household members 18 years old and older
<input type="checkbox"/> Family Obligations	Signed by Head of Household
<input type="checkbox"/> What You Should Know About EIV	Signed by Head of Household
<input type="checkbox"/> Proof of Income And/or Assets	See the Sheet Labeled Income and Asset – Additional Verification
<input type="checkbox"/> Zero Income Form (If no household income)	Signed by Head of Household

## Income and Assets – Additional Verification

**Please submit any or all of the following documentation which may apply to you and your household.**

- Written verification of employment income: Two current and consecutive pay stubs (bi-weekly, semi-monthly, or monthly) or four current and consecutive pay stubs (weekly) dated within the last 60 days
- Self-Employment/Business Income verification: Documentation of income and expenses for the past year
- Unemployment award letter
- Social Security and/or SSI award letter(s)
- Veteran's benefit award letter
- TANF benefit award letter
- Child Support verification: Notarized statement from absent parent or a print out from child support recovery
- Copy of investment account statements with current market value and any interest or dividends earned over the past year
- Retirement /Pension benefit statement(s)
- Contributions/Donations statement signed by the giver with their name, address, phone number, and amount paid weekly/monthly.
- Most recent bank statements showing the ending balance for checking and savings accounts
- Copy of Whole Life Insurance policy with current cash value amount
- School verification for any full-time student 18 years of age and over
- Childcare statement from provider with name, address, phone number, type of care (Full Time/Part Time/Before & After School), and the amount paid per week
- If 62 years of age or older and/or disabled: Pharmacy print out of prescriptions and/or copies of medical bills which were paid out of pocket within the past year

**Warning:** To process your annual timely DCA will need the information returned along with your completed application.

**Failure to provide these documents may not only delay your annual recertification but may also be Grounds for Termination of assistance.**

If you have any questions or concerns, please let your Housing Specialist know.

**GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS**  
**INFORMATION FORM FOR RENTAL ASSISTANCE BENEFITS**  
**INITIAL/RECERTIFICATION**

Do you need assistance in completing this form? (Circle One)	Yes	No
Do you need an interpreter present for meetings?		
What is your primary language?		

Please complete all sections of this form and ANSWER all questions. DO NOT leave any questions blank. If a questions does not apply write "NO" or "not applicable". If you do not understand a question, you may ask for an explanation.  
**WARNING: Making false statements on this document is considered FRAUD and may result in TERMINATION from the program and CRIMINAL PROSECUTION.**

**HEAD OF HOUSEHOLD (HOH)**

Last Name	First Name	Home Phone Number (    )
Street Address	Apt Number	Cell Phone Number (    )
City	Zip Code	Work/Message Phone Number (    )
Mailing Address (if different)		Email Address
City	Zip Code	County

**SECTION I-HOUSEHOLD COMPOSITION**

**A. FAMILY HOUSEHOLD COMPOSITION**  
**Please list ALL people living in your home 51% or more of the time.** If you need more space please use a separate sheet of paper and attach to this form. List the Head of Household first, followed by spouse/co-Head then oldest to youngest household members.  
 When designating Race and Ethnicity use the following codes:  
**Race:** 1=White 2=Black/African American 3=American Indian/Alaska Native 4=Asian 5=Native Hawaiian/Other Pacific Islander  
**Ethnicity:** 1=Hispanic 2=Non-Hispanic

Full Name As it appears on Social Security Card	Social Security #	Birth Date M/D/YR	Age	Sex M/F	Race	Ethnicity	Relation To Head	Disabled Yes/No
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8								

# Application Completion

- The application is designed to capture all necessary information to determine eligibility. All questions should be answered on the application. "Yes" or "No"
- Questions that are answered with "yes" generally require verification.
  - "yes" to employment = check stubs
  - "yes" to disability = verification of disability
  - "yes" to checking account = account statements
- HCV staff cannot assume the answer is "no" because it was left blank. Incomplete applications must be completed before eligibility can be determined
- The most common delay in voucher issuance is incomplete applications

## SECTION VII-CERTIFICATION OF THE FAMILY

### **CERTIFICATION**

I certify that the information given to the Georgia Department of Community Affairs (DCA) on household composition and characteristics, drug and criminal activity, income, assets, and expenses, is accurate and complete. I understand that false statements or information are punishable under Federal and State Law and ground for denial or termination of housing assistance. I understand that I am required to report in writing all changes in household income, assets, and expenses of any household member(s) to the DCA Regional Office within ten (10) business days of the change. I understand that all changes in household composition due to birth, adoption, or court awarded custody must be reported in writing to the DCA-Regional Office within thirty (30) business days of the change. I understand that I am required to report in writing to the DCA-Regional Office any household member no longer living in the unit within fourteen (14) business days. Further that any other changes in household composition must be approved in writing by the DCA Regional Office and my landlord. I agree to cooperate with DCA staff, DCA Regional Compliance Officers, and other State and Federal personnel that are assigned special case reviews.

**WARNING** Title 18, Section 1001 of the United States Code states that a person is GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS to any department or agency of the United States. MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER THE LAWS OF THIS STATE.

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Signature of Head of Household	Date	Signature of Spouse	Date
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Signature of Other Adult in the Household	Date	Signature of Other Adult in the Household	Date
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Signature of Other Adult in the Household	Date	Signature of Other Adult in the Household	Date
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\*\*\*\*If you have anyone outside your household helping you to complete this form or assisted with translation, please provide their name and their relationship to your family\*\*\*\*

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Name of Helper (Printed)	Signature of Helper	Relationship to Family	Date
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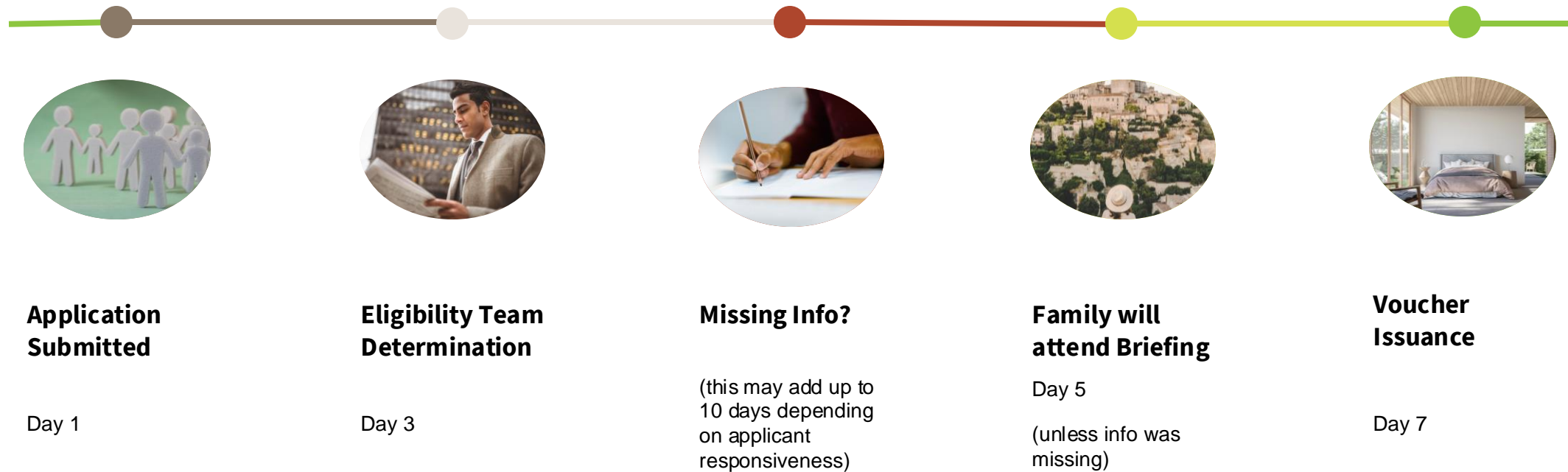
# Accompanying Forms

Again, every part of the application serves a purpose. It is a best practice to complete the application in its entirety even if it does not apply to the family. This includes the accompanying forms.

Please follow along in the application review:

- *Before moving forward, are there any questions or concerns?*

# Target Process Overview



# What's Next?

From here, the applicant will have a Voucher and Request for Tenancy Approval (RFTA). The applicant may begin to search for safe, suitable and affordable housing.

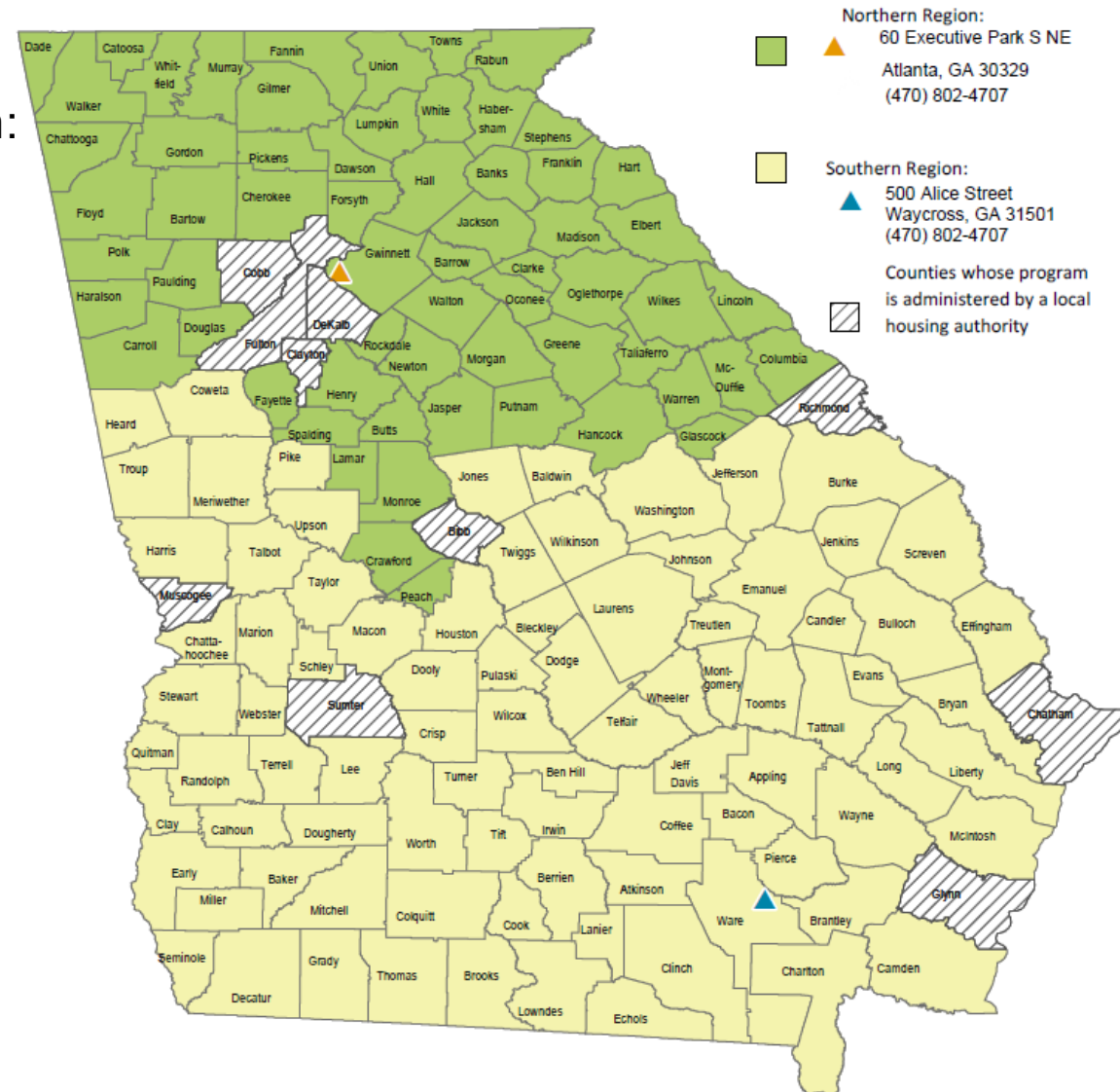
Once a unit is identified, the applicant will provide the landlord with a copy of the RFTA. The landlord will complete the RFTA and submit it to DCA for processing. Processing times take approximately 14 days from submission to move-in.

During the family's New Admission Briefing, the process will be discussed in more detail.



DCA's HCV Jurisdiction:

149 Counties



# FAQs

- How much is the voucher worth?
- How many bedrooms are on the voucher?
- When is the rent paid?
- Who does the housing assistance payment go to?
- How long can someone remain on the program?
- How many referrals can be submitted for this program?
- How long does an applicant have to locate housing?
- Can the applicant add family members?
- What happens when there is an income change?
- What happens when a voucher expires?
- Can the voucher be used outside of DCA's jurisdiction?



# Georgia Department of Community Affairs

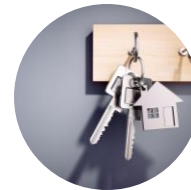
## Housing Choice Voucher Program

Customer Service Call Center: 470-802-4707

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Waquele Holley  
Division Director



Ryan Smith  
Director, Program Governance and Client Relations



Dacia Dickey  
Deputy Division Director



Khalid Battle  
Director, Housing Programs Operations

# Questions? Comments?

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# Thank you!