



# GEORGIA HOUSING VOUCHER PROGRAM (GHVP) GHVP-4

## Part 1: Tenant Information

The Current Provider and Tenant is hereby giving Notice to DBHDD that the following parties signed a lease and that a GHVP Lease Addendum agreement was signed with the property owner below.

**All fields are required. Do not leave blank.**

Notice to Proceed Number: \_\_\_\_\_ Date: \_\_\_\_\_  
Tenant Name: \_\_\_\_\_ CID: \_\_\_\_\_  
Tenant Phone Number: \_\_\_\_\_ Individual DOB: \_\_\_\_\_  
Tenant Email Address: \_\_\_\_\_  
Emergency \_\_\_\_\_ Emergency \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Lease Start Date: \_\_\_\_\_ Lease End Date: \_\_\_\_\_  
Lease Term in Months: \_\_\_\_\_ Unit Bedroom Size: \_\_\_\_\_  
Tenant Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Landlord Name: \_\_\_\_\_

Date when GHVP should start paying: \_\_\_\_\_

Monthly Rent Payment: \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Tenant GHVP

(Tenant contribution & GHVP contribution must match GHVP-2 & GHVP-5)

Please indicate any advance payments of rent made by the Provider on behalf of the household as well as any remaining amount that should be paid by DBHDD, if applicable. Please ensure you indicate the month for which rent has been paid to ensure DBHDD starts paying rent on the correct month.

Choose one: New Lease Renewal Owner/Mgmt Change Change in Payment

### New Lease

| Expense                                       | Month | Paid by Provider |
|---|-------|------------------|
| Pro-rated rent<br>(if lease starts mid-month) | \$    | \$               |
| 1st Month's rent                              | \$    | \$               |
| 2nd Month's rent                              | \$    | \$               |
| Additional Months' Rent                       | \$    | \$               |
| Additional fees                               | \$    | \$               |
| Security Deposit                              | \$    | \$               |

### Renewals

| Expense                 | Month | Paid by Provider |
|-------------------------|-------|------------------|
| 1st Month's rent        | \$    | \$               |
| 2nd Month's rent        | \$    | \$               |
| Additional Months' Rent | \$    | \$               |
| Additional fees         | \$    | \$               |
| Security Deposit        | \$    | \$               |



**D·B·H·D·D**

## GHVP-4 Part 2: Landlord Enrollment Form



### Landlord Information

|                                |   |
|--------------------------------|---|
| Legal Name (Per IRS):          | Tax ID Number (Business) or SSN (Individual): |
| DBA (registered with the IRS): |   |
| Person completing form:        | Phone number:                                 |
| Email Address:                 |   |

### Contact Person/Property Manager

|                |               |
|----------------|---------------|
| Name:          | Phone Number: |
| Email Address: |               |

### Payment Information (Mailing Address for payment and 1099's. Include Suite#, Apt #, Leasing Office or other specifics.)

|                           |                |              |
|---------------------------|----------------|--------------|
| Pay To Name:              |                |              |
| DBA (Registered with IRS) |                |              |
| Payment Address:          |                |              |
| Payment City:             | Payment State: | Payment Zip: |

### Property Information (Location of property; unit/building # not required)

|                   |                 |               |
|-------------------|-----------------|---------------|
| Property Name:    |                 |               |
| Property Address: |                 |               |
| Property City:    | Property State: | Property Zip: |

### -----ADMINISTRATIVE USE ONLY-----

#### **Administrative Section** (Completed by DBHDD)

|  |   |
|--|---|
| Are there any additional locations associated with Tax ID or SSN? <input type="checkbox"/> YES <input type="checkbox"/> NO | Is W-9 attached: <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Is 147C attached: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Is Social Security Card attached: <input type="checkbox"/> YES <input type="checkbox"/> NO                                 | Effective Date of LL enrollment:  |

#### **ASO Review:**

|   |   |
|---|---|
| IRS Verification complete: <input type="checkbox"/> YES <input type="checkbox"/> NO | Form and W9 added to File Cabinet: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Person completing Landlord File in NWC:   |   |
| Notes:  |   |