

**GEORGIA HOUSING VOUCHER PROGRAM (GHVP)**  
**GHVP-19: Acknowledgement of Tenant Responsibilities**



Tenant Name: \_\_\_\_\_

Notice to Proceed Number \_\_\_\_\_

Date: \_\_\_\_\_

DBHDD is offering rental assistance to a property of your choice in the amount of \$ \_\_\_\_\_

and you are responsible for \$ \_\_\_\_\_ towards rent.

- DBHDD will continue to provide rental assistance as long as you abide with the lease agreement with this property owner and the DBHDD lease addendum, subject to fund availability.
- DBHDD may cancel from future participation in the Georgia Housing Voucher program any individual that violates program requirements based in part on the following:
  1. Failure to inform DBHDD the composition of the household. Prior approval must be approved by the DBHDD. The family must promptly inform the DBHDD of the birth, adoption or court-awarded custody of a child. Other persons may not be added to the household without prior written approval of the owner and the DBHDD.
  2. The contract unit may only be used for residence by the DBHDD approved household members. The unit must be the family's only residence.
  3. The tenant may not sublease or let the unit.
  4. The tenant may not assign the lease or transfer the unit.
  5. The tenant may not conduct **any** business activity in the contract unit without DBHDD prior approval. Egregious or multiple infractions of GHVP policies or program requirements may also result in disbarment from future participation. These may include, but are not limited to using the contract unit for illegal activities.
  6. Failure to inform DBHDD at initial lease of **any** income from government benefit sources or from employment.
  7. Failure to inform DBHDD of **any** changes in income or employment status.
- Should the lease be terminated by the property owner for any reason, to reestablish your Georgia Housing Voucher you must be reengaged with a DBHDD approved provider, and the **provider** must reapply to DBHDD's Regional Field Office to have the assistance reinstated. DBHDD will evaluate the reinstatement referral and if qualified may reinstate the assistance.
- Should you have any questions you can contact the DBHDD Regional Field Office or your support service provider

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Tenant Signature

Date

A copy of this form was provided to the person named above

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Current Provider Authorized Signature

Date