

GHVP-3 Bridge Funding Request (HUD Federal Assistance Programs Only)

Date: _____

The purpose of this form is to determine the current level of resources needed to assist the individual with transitioning into the community. This form also serves as a cover memo and must be attached to all invoices in order for the current provider to receive reimbursement via bridge funding for eligible expenses incurred on the participant's behalf specific to accessing HUD federal rental assistance programs through the Georgia Department of Community Affairs only.

Name of Tenant: _____ CID: _____ (Required)

Date of Birth: _____ (Required)

Tenant Address: _____ Lease Start Date: _____ (Required)
(Attach a copy of the lease with this form)

NTP: _____ (For GHVP Conversions Only)

Bridge Funding Eligible Expenses Reimbursable Check List (Attach All Receipts Including Current Provider Fee and Current Provider Check Mailing Address)

- * \$3,000 is approved for NEW applicants (Up to \$2,500 for eligible expenses below and \$500 provider fee). Total Bridge Funding requests exceeding \$3,000 must receive DBHDD approval before expending money on the tenant's behalf and must be supported with proposed estimates.
- * Bridge reimbursement requests can only be submitted once there is a signed lease.
- * No rent should be paid to the landlord (Prorated/First Month) on behalf of the tenant. DCA will issue all rent payments to the landlord once the HAP Contract is executed.

Eligible Expense	Amount	Invoice Attached/Comments
Utility Set-up Fees/Deposits (Utilities in Arrears is NOT Eligible)		
Security Deposits		
Moving and/or Delivery Expenses		
Household Goods		
Essential Furnishings (Approved for New Applicant's Only- GHVP Conversions are not approved for this expense without DBHDD prior approval)		
Food/Grocery		
Current Provider Fee		
Total		

Remit Provider Fee to:
Must Match W-9 Form
Address:

Provider Agency Name

Address

City, State, Zip

Signature Acknowledgement: By signing this form, you are certifying the request for Bridge Funding to support the transition to a HUD federal assistance program through the Georgia Dept. of Community Affairs for the above-named tenant.

Provider Authorized Representative _____ Print Name _____ Date _____

Tenant Signature _____ Print Name _____ Date _____

FY20 V1

Effective Date: September 2019

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 is under no obligation to reimburse the Current Provider for expenses inconsistent with the GHVP.