



**GEORGIA HOUSING VOUCHER PROGRAM
GHVP-15 Lease Payment Inquiry**

Submission Date: _____

NTP: _____

Name of Tenant: _____

CID: _____

Property Owner

Must Match W-9 form

_____ Name

_____ Address

Amount: \$ _____

Month of Inquiry: _____

Notes: _____

For Financial Intermediary/DBHDD Use Only

_____ Check deposited into owner account, no action taken

_____ Check canceled, new check issued _____
Date Issued

_____ Other _____

