



## **GEORGIA HOUSING VOUCHER PROGRAM (GHVP)**

### **GHVP-21: Housing Support Program Acknowledgment**

As of July 1, 2021, the Georgia Housing Voucher Program (GHVP) requires all enrolled individuals to become and remain enrolled in the Housing Support Program and to engage with their Housing Support Program provider. Connection to a provider will be made upon approval for a voucher. Individuals already housed will receive outreach to become enrolled.

The goal of the Housing Support Program is to help individuals achieve and maintain housing and achieve long-term success. The Housing Support Program does not require treatment.

The Housing Support Program includes (but is not limited to) the below activities:

- Assistance with the housing search process, leasing process, and move-in.
- Providing access to Bridge Funding supports during the move-in and in the future
- Monthly Wellness In-Person Home Visits
- Assistance with budgeting including making sure participant rental payments are timely
- Assistance with annual certifications and lease renewals for tenancy
- Assistance with property, landlord and maintenance issues
- Assistance with referrals to local community-based resources to meet basic needs
- Assistance with developing a crisis and safety plan
- Assistance with transition to alternative resources and relocation if ever needed
- Assistance with enrollment in behavioral health treatment or support services as desired
- Tenant Education and Advocacy

I, \_\_\_\_\_,  
***Participant Name (Printed)***

understand as a participant of the Georgia Housing Voucher Program (GHVP) that enrollment in the Housing Support Program is required. My case manager explained the requirement during the referral process. I had the opportunity to ask questions and I understand my responsibility.

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Provider Staff Printed Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Provider Signature**

\_\_\_\_\_  
**Agency**

\_\_\_\_\_  
**Provider Email**

\_\_\_\_\_  
**Provider Contact Phone Number**