GEORGIA HOUSING VOUCHER PROGRAM GHVP-25: TRANSFER FORM

All fields are required. Do not leave blank.

Notice to Proceed			Date:			
Number: Tenant Name:			CID:			
Address	:					
	-	(Apartment #)	(City, Sta	te Zin)		
Identify	the Transfer Ty	,	(Oity, Otta	, <u>-</u> p)		
-		her unit within the same regior	ı			
	Transfer to anot	her unit outside of current regional least 90 days before the end	on (Note: a regional		st	
1.	Which region i	s the tenant transferring to?				
2.	Who is the new	w Provider?				
3.	Has the tenan Supports?	t been connected to Housing	Yes	No		
Name o	f Current Landlo	ord:				
Lease S	start Date:		Lease End Date:			
Agreem with this	ent for Terminat	equest to move is prior to the e ion of Lease Form, must be co				
					Yes	<u>No</u>
		of the move provided to the lan	dlord (according to t	he terms of		
	,	in violation of the lease?				
Has the	landlord filed for	r eviction?				
Is the te	nant in arrears i	n rent or utilities?				
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.				

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	Yes	No
Does the tenant have any open investigations from a government age proceedings?	ency and/or criminal	
Does the tenant have the ability to cover moving expenses? (Bridge funding can be used for moving expenses)		
Does the individual have a minimum of six months of financial stability and the ability to manage household budget and expenses?	y with steady income □	
Tenant Signature	Date	
Provider Authorized Representative	Date	
For DBHDD Use Only		
I have reviewed this transfer request with the Regional Service Administration	tor and the request is:	
<u>Approved</u> <u>De</u>	<u>enied</u>	
Regional Transition Coordinator Signature	Date	
If approved, a conference call should be conducted with the new Regional discuss the transfer plan. A copy of the Transfer Form should be provided Coordinator.		
If approved, a GHVP-9: "Notice of Stop Payment" form should be submitted stop payments to the current landlord. A copy of the Transfer Form, GHVP and any other supporting documentation should be attached to the GHVP-9.	P-12: "Mutual Lease Ending",	
		1

WARNING: To willfully make a false statement in any matter will affect continued benefits under the Georgia Housing Voucher Program.

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