

**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, State, Zip)

Identify the Transfer Type:

Transfer to another unit within the same region

Transfer to another unit outside of current region **(Note: a regional transfer request must occur at least 90 days before the end of the current lease term)**

1. Which region is the tenant transferring to? _____
2. Who is the new Provider? _____
3. Has the tenant been connected to Housing Supports? Yes No

Name of Current Landlord: _____

Lease Start Date: _____ Lease End Date: _____

Please note that if the request to move is prior to the expiration date of the lease, the GHVP-12: Mutual Agreement for Termination of Lease Form, must be completed by the tenant and landlord and submitted with this form.

Reason for Transfer:

Yes No

Was proper notification of the move provided to the landlord (according to the terms of the lease)? Is the tenant in violation of the lease?

Has the landlord filed for eviction?

Is the tenant in arrears in 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.

All fields are required. Do not leave blank.

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Date _____

If approved, a GHVP-9: "Notice of Stop Payment" form should be submitted to notify the state office to stop payments to the current landlord. A copy of the Transfer Form, GHVP-12: "Mutual Lease Ending", and any other supporting documentation should be attached to the GHVP-9 form.

Effective Date: July 2022