

## GHVP- Bed Bug Funding Request Form

**Please include a copy of the individual recovery plan (IRP) and progress notes that describe the intervention and document preventive measures used to support the individual prior to the request for assistance.**

Date: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

NTP: \_\_\_\_\_

Tenant Address: \_\_\_\_\_

CID: \_\_\_\_\_

Address 1

Address 2

City, State, Zip

Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

Address 1

Address 2

City, State, Zip

**Please attach 2 estimates from a Professional Exterminator prior to treatment; estimates must include, name of company, date, and address of location to be treated.**

Date Notified of Bed Bugs: \_\_\_\_\_

Notified by: \_\_\_\_\_

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Provider Agency Name**

\_\_\_\_\_  
**Provider Authorized Representative**

\_\_\_\_\_  
**Print Name**

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

SFY 2019

Effective Date: July 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.