

**State Housing Trust Fund for the Homeless Commission Special  
Voucher Assistance Fund  
2026 Funding Application**

**SECTION 1: HOUSING AUTHORITY INFORMATION**

**Voucher Administering Housing Authority Name:**

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**Physical Address:**

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**City, State, Zip:**

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**Primary Contact Person:**

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**Title:**

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**Phone Number:**

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**Email Address:**

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## SECTION 2: SPECIAL ASSISTANCE FUND INFORMATION:

**Please indicate all special program vouchers administered and indicate the number of each:**

Please include the numeric value for each type of voucher and upload documentation for each type.

- Stability Vouchers
- Mainstream Vouchers
- Veterans Affairs Supportive Housing (VASH) Vouchers
- Foster Youth to Independence (FYI) Vouchers
- Family Unification Program (FUP) Vouchers
- Other HUD Special Purpose Vouchers (specify): \_\_\_\_\_

**Total number of special vouchers assistance fund for which service fee assistance is requested:** \_\_\_\_\_ vouchers

**If any vouchers are currently leased, provide justification for funding request (e.g., notice to vacate, participant exits, etc.):**

**Voucher Status (check one):**

**Stability Vouchers**

#Unleased\_\_\_\_\_

#Leased\_\_\_ (provide justification for funding request (e.g., notice to vacate, participant exits))

**Mainstream Vouchers**

#Unleased\_\_\_\_\_

#Leased\_\_\_ (provide justification for funding request (e.g., notice to vacate, participant exits))

**Veterans Affairs Supportive Housing (VASH) Vouchers**

#Unleased\_\_\_\_\_

#Leased\_\_\_ (provide justification for funding request (e.g., notice to vacate, participant exits))

**Foster Youth to Independence (FYI) Vouchers**

#Unleased\_\_\_\_\_

#Leased\_\_\_ (provide justification for funding request (e.g., notice to vacate, participant exits))

**Family Unification Program (FUP) Vouchers**

#Unleased \_\_\_\_\_

#Leased\_\_\_\_ (provide justification for funding request (e.g., notice to vacate, participant exits)

**Other HUD Special Purpose Vouchers (specify):** \_\_\_\_\_

#Unleased\_\_\_\_\_

#Leased\_\_\_\_ (provide justification for funding request (e.g., notice to vacate, participant exits)

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**Documentation attached (check all that apply):**

HUD award letter for Special Program Vouchers

Voucher Management System utilization data, **OR**

Formal commitment letter requesting voucher and administrative funding

**Please note:** Applicants will be required to upload the documents in Jot Form

**SECTION 3: SPECIAL VOUCHER ASSISTANCE FUND- FUNDING REQUEST**

**Total amount of Special Voucher Fee Assistance funding requested:**

\$ \_\_\_\_\_

*(Maximum \$500,000 annually; up to \$750,000 for agencies with qualifying FSS programs)*

**Estimated number of households to be assisted:**

\_\_\_\_\_ households

**Funding Justification:** Describe how the requested amount was determined and how it will support lease-up or housing stability for special program voucher holders.

**SECTION 4: SPECIAL VOUCHER ASSISTANCE FUND- ELIGIBLE EXPENSES**

Indicate which eligible expenses the funding will support (check all that apply):

- Security Deposits
- First Month's Rent Application or Leasing Fees on the Application
- First Years of Renter's Insurance
- Others (pet fees, utility fees, others on petition)
- Administrative costs and/or staff time to administer the service fees (up to 10% of total award amount) include: salary expenses, other related contracts (third- party contracts for administering service fees), IT costs, and office expenses

Please indicate what administrative costs the funding will support:

If the funding will be used to support office expenses, please specify which expenses

those are:

**SECTION 5: SPECIAL VOUCHER ASSISTANCE FUND- INTERNAL CONTROLS & SERVICE FEE PROCESS**

**A. Payment Processing:** Describe the internal process to ensure landlord payments are processed within **(21) days** of request

**B. Audit & Documentation:** Describe the internal audit process for special program voucher allocations, including documentation of fee usage. Please provide a copy of your internal audit process for special program voucher allocation.

**C. Lease & Recoupment Policies:** Confirm that leases allow for recoupment of deposit service fees and describe the process for recoupment from participating landlords. Please provide a copy of those policies. The policy should explain how funding will be provided for voucher holders when they move and how landlords should return deposits to the Housing Authority before an RFTA is submitted.

**D. Procurement (if applicable):** If third-party vendors or contractors are used, provide a summary of procurement procedures and contract details.

**SECTION 6: Georgia Housing Voucher Program (GHVP) Referral Policy**

Does your Housing Authority maintain a policy to accept referrals and issue vouchers from GHVP? The policy should explain how funding will be provided for voucher holders when they move and how landlords should return deposits to the Housing Authority before an RFTA is submitted. Policy to accept referrals and issue vouchers from the Department of Behavioral Health and Developmental Disabilities' (DBHDD) Georgia

Housing Voucher Program (GHVP). However, DBHDD GHVPs are not eligible for special purpose vouchers under this funding announcement.

- Yes (If yes, briefly describe the policy and attach supporting documentation).
- No

**Description of GHVP Policies**

**Upload GHVP Policy:** If applicant answered yes to the above GHVP question, applicant will be required to upload the GHVP policy in JotForm.

**SECTION 7: FAMILY SELF-SUFFICIENCY (FSS) PROGRAM (OPTIONAL)**

Does your Housing Authority operate an **active FSS program** serving special program voucher holders?

- Yes
- No

If yes, check all that apply:

- Financial counseling services
- Active escrow savings accounts
- Voucher-to-homeownership pipeline

Provide a brief description of the program and provide program policies and procedures:



## **SECTION 8: Required Documentation Checklist:**

Upload required documentation: W-9, Supplier Change Management Form, Language Access Plan Acknowledgement

- W-9
- Supplier Change Management Form
- Language Access Plan Acknowledgement

### **Checklist (not required, if applicable)**

- Third Party Agreement (if applicable)
- Administrative Cost Resume (if applicable)
- Administrative Cost Job Description (if applicable)
- Administrative Cost Third Party Contracts (if applicable)

**Applicants will be required in JotForm to upload the above documents**

## **SECTION 9: CERTIFICATIONS & ASSURANCES**

By signing below, the Housing Authority certifies that if it is awarded funding:

- It will execute an official agreement with the State Housing Trust Fund Commission for the Homeless pending submission and approval of all required documents
- It will use funds only for **eligible expenses** as outlined in the NOFA
- No funds will be used for **ineligible expenses (as outlined in the NOFA)**, including rental arrears, utility arrears, legal fees associated with eviction procedures, turnkey service, or other housing support services
- Quarterly reporting will be submitted using the required Excel template It will use the required Special Voucher Assistance Fund Expense Request Form for all participants

- All information provided is true and accurate to the best of your organization's knowledge

**Authorized Official Name:**

**Title:**

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**Signature:**

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**Date:**

#### **SECTION 10: SUBMISSION INFORMATION**

Completed applications must be submitted electronically until funding is no longer available.

**For additional questions please contact [shtf@dca.ga.gov](mailto:shtf@dca.ga.gov)**