



GEORGIA DEPARTMENT  
of COMMUNITY AFFAIRS

ESCROW ACCOUNT REQUEST FORM

FAMILY INFORMATION V# \_\_\_\_\_ COUNTY CODE \_\_\_\_\_

Family Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

DISBURSEMENT REQUEST (check appropriately)

\_\_\_\_ Disburse family's total escrow account

\_\_\_\_ Disburse a portion of family's escrow account

Reason for disbursement: \_\_\_\_\_ Effective \_\_\_\_\_

Amount \_\_\_\_\_

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(Complete if disbursement to other than family)

Vendor Name \_\_\_\_\_

Contact Person Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

TRANSFER REQUEST (check appropriately)

☐ Transfer family's total escrow account to Program Housing Funds for HUD approved expenditures

☐ Transfer escrow account to \_\_\_\_\_ HA

AUTHORIZED SIGNATURES

\_\_\_\_\_ FSS Coordinator

\_\_\_\_\_ FSS Lead Coordinator

\_\_\_\_\_ Office Director

\_\_\_\_\_ Division Director

6/2024

