



GEORGIA DEPARTMENT of COMMUNITY AFFAIRS

Preference Certification and Referral Form

Date: _____

I certify that _____ meets the following conditions based upon the Georgia Department of Community Affairs (DCA) Housing Choice Voucher waitlist preference for persons eligible under the criteria of the Americans with Disability Act Settlement Agreement between the U.S. Department of Justice and the State of Georgia; thus, assisting the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) with carrying out the housing remedy of the settlement agreement.

- o Applicant has been identified as a member of the Settlement Class;
- o Applicant has received third party written DBHDD verification that DBHDD will make continuous highly targeted and voluntary supportive services readily available to them; and
- o Applicant agrees to reside in supportive housing

The applicant listed above is being referred to your agency for housing per the settlement agreement. This applicant has been identified as one of the following:

☐ New Applicant

County Preference: _____

☐ Conversion (Current GHVP Recipient)

DCA Representative Signature

Date

Bridge Provider (list n/a if no bridge requested):