



REQUEST FOR REPLACEMENT OF
LOST, STOLEN OR MISSING CHECK

fax 216.432.3971
tty 216.426.2904

INSTRUCTIONS: Fill out all of the information in the spaces below. Ask HCVP personnel for help to fill in the spaces for check number, check date (tell us what the missing check was for) and check amount. Vendors and Landlords: If you want the check replaced within 60 days, a stop payment fee of \$25 will be deducted from the replacement check. Otherwise you will have to wait 60 days for your check to be reissued. Clients: The only option available is a 60-day waiting period with no fee charged.

Check this box if you wish to have the check reissued on our next check run (within two weeks). CMHA will deduct a \$25.00 stop payment fee. [This option is only available to Vendors and Landlords]

Check this box if you wish to wait 60 days before reissuing the check. We will not deduct the \$25.00 stop payment fee.

If neither box is checked, CMHA will wait 60 days before reissuing the check.

After filling out the affidavit, have it notarized and return it to CMHA, Housing Choice Voucher Department.

STATE OF OHIO) LOST CHECK AFFIDAVIT
COUNTY OF CUYAHOGA)

I, _____, residing at _____
(your name) (Client Number) (your address)

being duly sworn make this affidavit to induce CMHA to reissue me a replacement check, for a check that is lost, stolen or missing ("Original Check").

I did not receive the Original Check.

I received the Original Check, but it was stolen.

Was a police report filed? No - Yes, If so which Dept. _____

I received the Original Check but it is lost or missing.

Describe circumstances of how the check became lost, missing or stolen. _____

The Original Check is described as follows: Payee: _____

Check No. _____ Dated: _____ Amount: _____

The check was payment by CMHA for: _____

Under penalty for fraud and/or perjury, including removal from CMHA programs, I state that I have not cashed, sold, or assigned the Original Check, in any way. I am still entitled to receive the full amount of it.

Under penalty for fraud, including removal from CMHA programs or other legal remedies, I will not cash, sell, assign, transfer or otherwise negotiate the Original Check. If I find or receive the Original Check, I will immediately return it to CMHA uncashed.

I understand that if a replacement check is issued and the missing check is cashed, a fraud investigation will take place.

Sworn to and subscribed before me this
_____ day of _____, 20_____.

Payee's signature Phone

Notary Public
_____ Date _____

Approved for replacement:
[HCVP-Finance use only]