



STOP PAYMENT AND RE-ISSUE NEW REPLACEMENT CHECK REQUEST FORM FOR TENANT CHECK

Date: _____ Tenant Number: _____

Tenant Name: _____

Tenant Phone Number:

Office: _____ Mobile: _____ Home: _____

Current Check Mailing Address: _____

Check Number: _____ Check Date/Payment Month: _____

Check Amount: \$ _____

Current Unit Address: _____

Tenant/requester declaration:

I, _____, Sec8/HCV participant residing at the above unit address, request that the Houston Housing Authority stop payment on the above mentioned check number and payment month, and request a new replacement check for the reason mentioned below (mark/check one):

- _____ (a) I have not received original check in mail from post office
- _____ (b) I received original check but lost / misplaced
- _____ (c) I received original check, but it has been over 90 days and is voided (need to submit original check)
- _____ (d) Other – _____

I understand that after submitting this check stop payment request, if I will receive / find original check, I cannot deposit/cash it, but have to void and return the original check to Houston Housing Authority.

Signature: _____

Name (print): _____

Driver License/State ID Number: _____

