

REQUEST FOR STOP-PAYMENT ON CHECK

DATE: _____

NAME: _____

ADDRESS: _____

LANDLORD

TENANT

REASON FOR REQUEST FOR STOP-PAYMENT:

DID NOT RECEIVE

LOST/DESTROYED

OTHER: _____

MONTH: _____

PLEASE BE ADVISED THAT THE HHA IS NOT RESPONSIBLE FOR POSTAL DELIVERY DELAYS. I UNDERSTAND THAT IT IS RECOMMENDED THAT I WAIT AT LEAST 10 BUSINESS DAYS BEFORE REQUESTING A REPLACEMENT CHECK. I FURTHER UNDERSTAND THAT THE HHA REPLACEMENT CHECK MAY TAKE UP TO 14 BUSINESS DAYS TO BE PROCESSED.

SIGNATURE

DATE