



Oakland Housing Authority
1619 HARRISON STREET – OAKLAND, CA 94612
Section 8 Accounting Dept. (510) 874-1675
Section8@oakha.org

AFFIDAVIT

Date: _____

To: Section 8 Accounting

Subject: Rent check for Owner: _____ Vendor #: _____

Month: _____ Check #: _____

Property Address: _____

Please be advised that as of this date, I have not received the rental check covering the above subject reference. I believe that the check was:

(____) Not received; (____) Received and I lost it; (____) Received and stale-dated;
(____) Stolen, give details: _____

It is my understanding that when the check is replaced and the lost check is found, I will return the lost check to the Oakland Housing Authority.

Oakland Housing Authority Policy states that a \$12.00 stop payment fee will be waived on the first check replacement once per year. All other replacements will be charged a \$ 12.00 stop payment fee.

Sincerely,

Print your name Phone number

Signature/Owner of Property Email address

****If you did not receive the check due to an address change, please indicate the correct address below:**

New address: _____
Street address

City State Zip Code

For Accounting Use:

Check Date: _____ Date stopped: ____ / ____ / ____

Check number: _____ Control number: _____

Check amount: \$ _____ Confirmation received: ____ / ____ / ____