



1619 HARRISON STREET – OAKLAND, CA 94621  
Sect. 8 Accounting Dept. (510) 874-1621/1622/1623/1677  
Fax# (510) 874-1611

**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:

( \_\_\_\_ ) lost in the mail; ( \_\_\_\_ ) received and I lost it; ( \_\_\_\_ ) stolen;  
( \_\_\_\_ ) received and stale-dated.

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. **All other replacements will be charged a \$ 12.00 stop payment fee.**

Sincerely,

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
Signature/Owner of Property Phone# \_\_\_\_\_

***\*\*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: \$ \_\_\_\_\_ .00 Confirmation received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_