



Office Use Only:

Vendor # \_\_\_\_\_

**LOST CHECK AFFIDAVIT FORM**

Date: \_\_\_\_\_

I, \_\_\_\_\_, the undersigned declare as follows:  
*(Name of Affidavit)*

1. I am the legal owner or custodian of the following check:

Check Number \_\_\_\_\_

Date of Check \_\_\_\_\_

2. I am requesting a replacement of the above check due to the following reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. I understand that if I locate the original check (Check# \_\_\_\_\_) after submitting this form, I cannot cash/deposit the original check but instead must return it to the Gainesville Housing Authority Finance Department. If, after I submit this form, I find the original check, and attempt to cash/deposit it, I will be solely responsible for all fees imposed by my banking institution which includes, but not limited to, fees for “stop payment” on the check as well as any fees imposed or paid by the Gainesville Housing Authority.

IN WITNESS WHEREOF, I hereunto subscribe my name this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

BY: \_\_\_\_\_

Notary Signature: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

Notary Seal:

**Please Mail Completed Form to:**



**GAINESVILLE HOUSING AUTHORITY**

1900 SE 4<sup>th</sup> Street, Gainesville, FL 32641

Telephone (352) 872-5500 ~ Fax (352) 872-5501

[www.gainesvillehousingauthority.org](http://www.gainesvillehousingauthority.org)