



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 4th Street, Gainesville, FL 32641

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

www.gainesvillehousingauthority.org