



**Public Housing and Community Development**  
**Miami-Dade Housing Choice Voucher Program**  
 P.O. Box 521750 Miami, FL 33152-1750  
 TTD/TTY Florida Relay Service: 1-800-955-8771 or Dial 771  
 Customer Service Number: 305-403-3222  
 Si necesita ayuda con este formulario, llame al 305-403-3222  
 Si w bezwen asistans ak fòm sa a, tanpri rele 305-403-3222

## REQUEST FOR REPLACEMENT CHECK FORM

Complete and sign form. Return form to address noted above, Attn: Finance.

NAME: \_\_\_\_\_  
*(Name of representative completing form)*

NAME OF PAYEE (check was payable to): \_\_\_\_\_

FEDERAL TAX ID # or SOCIAL SECURITY #: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE #: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

I/We, \_\_\_\_\_, do hereby certify that MDHCV's check # \_\_\_\_\_  
 dated \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ payable to \_\_\_\_\_  
 was not received/lost after being received.

A replacement check is hereby requested with the full knowledge that if the original check for which this duplicate is drawn should ever be presented and paid, I/We will be obligated to repay to MDHCV the sum of \$ \_\_\_\_\_.

\_\_\_\_\_  
 PAYEE SIGNATURE

\_\_\_\_\_  
 DATE

**MDHCV Office Use Only**

Vendor No.: \_\_\_\_\_

Date Received \_\_\_\_\_

HCV Finance Staff \_\_\_\_\_