

Harris County Housing Authority

STOP PAYMENT AFFIDAVIT

State of Texas

County of Harris

being duly sworn by law, deposes and says that the following described check was not received by him/her or any person acting for him/her, or was lost after having been received.

PAYABLE TO: _____

DATE: _____

TENANT NAME: _____

CHECK NO: _____

AMOUNT: _____

ACCT NO: _____

Said affiant request that a Stop Payment be placed on this check and that a replacement check be issued as soon as possible.

SIGNATURE

ADDRESS, CITY STATE, ZIP CODE

HOME PHONE

OFFICE PHONE

Subscribed and sworn to me this _____ day of _____, _____

NOTARY PUBLIC-STATE OF TEXAS

COMMISSION EXPIRES