



### HCVP STOP PAYMENT REQUEST FORM

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

Landlord Name: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Unit Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Number \_\_\_\_\_

To whom it may concern:

Please stop payment on the following check(s):

Check Date	Check #	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

I did not receive these checks for the following reason:

- Lost in mail
- Wrong Address
- Other (Please explain)

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

HCVP Staff: \_\_\_\_\_

REVISED 5/2012