

Landlord Request for Replacement of Direct Vendor Payment

Instructions to Center Staff: Please provide the Landlord with this form (**W-146**) and a printout of the WMS Benefit Issuance Screen **NQCS5E** for DVP replacement checks(s).

Instructions to Landlord: Please fill out this form and return it to the Bureau of Reconciliation and Control (BORAC) at the address listed below along with the printout of the WMS benefit issuance screen that you received from the Agency.

Please keep a copy of this form for your records.

To: Bureau of Reconciliation and Control (BORAC)
Check Replacement Unit
150 Greenwich Street, 34th Floor
New York, NY 10007
Phone: (929) 221-6023 Fax: (212) 437-2764

Date: _____

I, the undersigned Landlord (or Managing Agent), hereby request replacement of the Direct Vendor Payment rent check on behalf of:

Participant's First Name _____ M.I. _____ Participant's Last Name _____

Case Number: _____ Category: _____ Suffix: _____

Participant's Address: _____

_____ City _____ State _____ Zip Code _____

Check the box that applies to your Direct Vendor check:

Lost Stolen Mutilated (check[s] must accompany form) Nonreceipt Other: _____

Check Number	Check Date	Check Amount	Job Center

Landlord or Managing Agent Name (print) _____

Signature of Landlord or Managing Agent _____

Date _____

Telephone Number _____

Landlord's Mailing Address: _____

_____ City _____ State _____ Zip Code _____