

## 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 \_\_\_\_\_