

HOUSING AUTHORITY OF THE CITY OF LOS ANGELES  
Finance Department, Section 8 Payables  
2600 Wilshire Blvd., 5<sup>th</sup> Floor  
Los Angeles, CA 90057

RE: Request for Stop Payment of HAP Check

To Whom It May Concern:

I am formally requesting re-issuance of my Section 8 Housing Assistance Payment (HAP) check for the month noted below as I have not yet received it as of this date. Furthermore, I request that the Housing Authority of the City of Los Angeles place a stop payment on the previously issued HAP check to me for that period.

OWNER/VENDOR No.

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OWNER/VENDOR NAME

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PAYEE NAME

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PAYEE ADDRESS

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**HAS YOUR MAILING ADDRESS RECENTLY CHANGED?**

Yes  No  
IF "YES," WHEN?

IF YOUR ADDRESS HAS CHANGED, PLEASE NOTIFY  
OWNER SERVICES UNIT:  
2500 WILSHIRE BOULEVARD, 6<sup>TH</sup> FLOOR  
LOS ANGELES, CA 90057

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VENDOR/PAYEE DAYTIME PHONE No.

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CLIENT PROPERTY ADDRESS

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MONTH /YEAR OF MISSING CHECK

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I agree that if I should receive the initial check at a later date, **I WILL RETURN THIS CHECK, MARKED "VOID," TO THE HOUSING AUTHORITY OF THE CITY OF LOS ANGELES, P.O. BOX 30899, LOS ANGELES CA 90030-0899.** I am enclosing a copy of my driver's license or other valid identification with photograph and signature.

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OWNER/VENDOR SIGNATURE

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DATE