



121 Pallet Drive - Harvey, LA 70058 - 504.342.4475 - www.jp hsdd.org

### MISSING PAYMENT FORM

*Please be advised a payment trace cannot be performed within 30-45 days of initial payment issuance date*

Payment Type:     HAP                       Utility Reimbursement                       Other

Month(s) of missing payment(s): \_\_\_\_\_

Payee Name:					
Address:					
City:		State:		Zip Code:	
Contact Number:					
Email Address:					

If missing payment is HAP list tenant name and address

Tenant Name					
Assisted Address					

I, \_\_\_\_\_, an HCV  Participant  Landlord, certify that I have not received my payment as indicated above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

WARNING: Section 1001 pf Title 18 of the U. S. Code make it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Finance Use Only

Date Request Received \_\_\_\_\_ HAP \_\_\_\_\_ URP \_\_\_\_\_  
Check# \_\_\_\_\_

Disposition:  Stop Payment Issued processed for re-issuance  Hold Released  ACH Return

Finance Staff Person Signature: \_\_\_\_\_