



State of New York
Division of Housing and Community Renewal
 25 Beaver Street, New York, NY 10004
 Web site: www.nysdhcr.gov
 E-Mail Address: Section8info@nysdhcr.gov

Section 8 Returned Check Form

Date: ____ / ____ / ____

To: DHCR, Statewide Section 8 Program

From: _____, County Administrator
 _____ County

Program Type: Certificate Voucher Mod Rehab

A. Enclosed is a check in the amount of \$ _____

Project Identification #: _____

Tenant: _____

Log #: _____

Payee: _____

Landlord Identification #: _____

Date of Check: _____

Check #: _____

B. Reason for returned check

Over payment/reimbursement

Terminated from program on: _____

Tenant moved on: _____

Repayment agreement with: _____

Reimbursement for portability payment

Has a stop payment been requested? If so, what date: _____

Other: (explain) _____

C. Will landlord require an adjustment to their year to date (YTD) file? Yes No

D. Change or deletion to be submitted on payment date: _____