



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #13-67-OPE

(This Policy Bulletin Replaces PB #09-126-OPE)

REVISION OF FORMS W-146 AND W-147Y

<p>Date: July 16, 2013</p>	<p>Subtopic(s): Forms</p>
<p> This procedure can now be accessed on the FIAweb.</p> <p>See PD #11-22-OPE for additional information</p>	<p>The purpose of this policy bulletin is to inform staff at all Job Centers and the Bureau of Reconciliation & Control (BORAC) that the Landlord Request for Replacement of Direct Vendor Payment form (W-146) and the Affidavit of Improper Negotiation of Cash Assistance Check form (W-147Y) have been revised.</p> <p>W-146:</p> <ul style="list-style-type: none"> The telephone number of the Check Replacement Unit was changed to (929) 221-6023. The fax number will remain the same. <p>W-147Y:</p> <ul style="list-style-type: none"> The Forged Check Unit has a new telephone number (929) 221-6023. <p>Job Center Directors and the Bureau of Reconciliation and Control must ensure that all previous versions of forms W146 and W-147Y are removed from circulation and recycled.</p> <p>Samples of the forms are attached.</p> <p><i>Effective Immediately</i></p> <p>Related Items:</p> <p>PD #11-22-OPE</p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 3 at the prompt followed by 1 or
send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

Attachments:

- W-146** Landlord Request for Replacement of Direct Vendor Payment
- W-147Y** Affidavit of Improper Negotiation of Cash Assistance Check

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
180 Water Street, 9th Floor
New York, NY 10038
Phone: (929) 221-6023 Fax: (212) 331-3723/3724

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 _____

SAMPLE

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 _____

Affidavit of Improper Negotiation of Cash Assistance Check

Instructions to the Landlord/Managing Agent: If the endorsement on the enclosed copy of the check(s) is not yours, complete Section 2 of this affidavit, have it notarized and send it with the copy of the check(s) to:

BORAC

Attn: Supervisor, Forged Check Unit
180 Water Street, 9th Floor
New York, NY 10038
Phone: (929) 221-6023

Section 1

To be completed by Center staff

Center	Case Type (FA, SNA, etc.)	Case Number	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Payee's Name (as it appears on check)

Check Number

Issue Date	Amount
<input type="text"/>	<input type="text"/>

SAMPLE

Section 2

To be completed by Landlord/Managing Agent

I, _____, the undersigned, being duly sworn, depose and say that I
(company name, if applicable)

am the Landlord/Managing Agent of _____.

My address/phone number is as follows:

The attached check was issued by the Center and required my endorsement to be valid. I have examined a copy of said check and the endorsements thereon, and state that none of the endorsements were made by me or with my authority and that I did not receive any of the proceeds of said check.

Signature of Landlord/Managing Agent

Subscribed and sworn to before me:

_____ this _____ day of _____, 20_____.
Notary Public