



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #09-126-OPE (This Policy Bulletin Replaces PB #01-39-OPE)

REVISIONS TO W-146 AND W-147A

Date: November 25, 2009	Subtopic(s): Check Replacement Forms
<p> This procedure can now be accessed on the FIAweb.</p> <p>Direct Vendor Payment (DVP)</p>	<p>The purpose of this policy bulletin is to inform staff at Job Centers and the Bureau of Reconciliation & Control (BORAC) that the Landlord Request for Replacement of Direct Vendor Payment (W-146) and the Replacement of Direct Vendor Payments (W-147A) forms have been revised. The revisions are as follows:</p> <p>W-146</p> <ul style="list-style-type: none"> The new NYC logo was added. The 2nd sentence under “Instructions to Landlord: BORAC will process your request and replace the check within nine (9) months of the issuance date, pending their investigation.” was deleted. <p>W-147A</p> <ul style="list-style-type: none"> The new NYC logo has been added. The fax number of the Check Replacement Unit/Finance Office was changed to (212) 331-3723/3724. <p>Note: Center Directors must ensure that Workers use the Replacement of Director Vendor Payments Form (W-147A) whenever a Center replaces a DVP check on an emergency basis. This form provides BORAC with detailed information when a Center replaces a DVP check.</p> <p>Job Center Directors and Bureau of Reconciliation & Control staff must ensure that all previous versions of these forms are removed from circulation and recycled.</p> <p>Samples of the W-146 and W-147A are attached.</p> <p><i>Effective Immediately</i></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*

Related Item:

[PD #08-14-OPE](#)

Attachments:

☞ Please use Print on Demand to obtain copies of forms.

W-146

Landlord Request for Replacement of Direct Vendor Payment (Rev. 11/24/09)

W-147A

Replacement of Direct Vendor Payments (Rev. 11/24/09)

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: (212) 331-3772 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 _____

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 _____

Replacement of Direct Vendor Payments (Complete form and FAX to BORAC)

Date: _____

To: Supervisor, Check Replacement Unit (BORAC)
Finance Office [FAX # (212) 331-3723/3724]

From: _____

We have replaced the following DVP check(s) for the case listed below on an emergency basis.

Case Name:

Case Number:

Original Check #:	_____	Date:	_____	Amount:	_____
Replacement Check #:	_____	Date:	_____	Amount:	_____
Landlord Name:	_____				
Sp. Grant Code of Replacement:*	_____				

Original Check #:	_____	Date:	_____	Amount:	_____
Replacement Check #:	_____	Date:	_____	Amount:	_____
Landlord Name:	_____				
Sp. Grant Code of Replacement:*	_____				

Original Check #:	_____	Date:	_____	Amount:	_____
Replacement Check #:	_____	Date:	_____	Amount:	_____
Landlord Name:	_____				
Sp. Grant Code of Replacement:*	_____				

Original Check #:	_____	Date:	_____	Amount:	_____
Replacement Check #:	_____	Date:	_____	Amount:	_____
Landlord Name:	_____				
Sp. Grant Code of Replacement:*	_____				

*Sp. Grant Code for Replacement must be 07 or 08.