



# OFFICE OF POLICY, PROCEDURES, AND TRAINING

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Office of Procedures

## POLICY BULLETIN #19-35-ELI

### ANNOUNCEMENT OF THE AFFIDAVIT OF LOSS, THEFT OR NONRECEIPT OF HEAP VENDOR CHECK (HEAP-47) FORM

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| <p><b>Date:</b><br/>July 8, 2019</p> | <p><b>Subtopic(s):</b><br/>Utility Arrears</p>   |
|                                      | <p>The purpose of this policy bulletin is to inform the Home Energy Assistance Program (HEAP) staff and HEAP Vendors of the Affidavit of Loss, Theft or Nonreceipt of HEAP Vendor Check (<b>HEAP-47</b>) form. This policy bulletin is informational for all other staff.</p> <p>HEAP provides grants to assist low-income families and individuals who pay separately for heat and/or heat-related utility service.</p> <p>In instances when the Human Resources Administration (HRA) has issued a HEAP check, and the HEAP Vendor states that the HEAP check was either not received, lost, or stolen, the Vendor must complete the <b>HEAP-47</b> form.</p> <p><i>Effective immediately</i></p> <p><b>Related Items:</b></p> <p><a href="#">PD #17-27-ELI</a></p> <p><b>Attachments:</b></p> <p><b>HEAP-47 (E)</b>      Affidavit of Loss, Theft or Nonreceipt of HEAP Vendor Check</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



### Affidavit of Loss, Theft or Nonreceipt of HEAP Vendor Check

Vendor Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Client Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

#### CHECK INFORMATION

Original Check Number:

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|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Date Check Issued:

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|--|
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|--|

Amount Check Issued For:

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|----|
| \$ |
|----|

STATE OF NEW YORK )

COUNTY OF ) ss:

I, \_\_\_\_\_, being duly sworn, depose and say: That I am the  
(Print name of Person)

\_\_\_\_\_ for the company identified above; that I have been  
(Title or Position with the Company)

informed by the NYC Human Resources Administration (HRA) that the above referenced check was issued by said Administration; that I have not received said check or the proceeds thereof directly or indirectly; that 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; that I did not place an endorsement thereon or authorize anyone to do so. If this check comes into my possession, I will return it immediately to HRA at:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I AGREE NOT TO ENDORSE AND NOT TO CASH THIS CHECK.

I have been advised and know that the Administration is relying on my statement to issue replacement monies and that if I make any false statement or misrepresentation, I will be subject to criminal and civil penalties.

I am also aware that if any duplication of this payment results from any false statement or misrepresentation by me, the replacement check will be considered an overpayment and that the company is liable to the Administration for the amount and that the Administration may seek to recover the amount.

\_\_\_\_\_  
Signature of Affiant

Subscribed and sworn before me:

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public