



Kristen M. Scalise CPA, CFE
Summit County Fiscal Officer
Unclaimed Funds Department
 For more information call
 330.643.2682 or 330.643.2616

This form must be filled out in its entirety for a proof of claim; failure to do so will delay processing of the claim. Claims are usually processed within 90 business days upon approval by the issuing department. Be sure to read the instructions.

DO NOT FAX

**A COPY OF YOUR IDENTIFICATION MUST BE INCLUDED. BE SURE TO READ THE BACK OF THIS FORM.
 THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY.**

* Privacy Notice: The Social Security Number (SSN) is required for proof of ownership. The SSN is confidential and protected by access rules in O.R.C. 1347.15

Fiscal Office Use Only		Accounting Department Only	
Certification of Contract per Codified Ordinance 779		Voucher: _____ Check #: _____	
Signature	Date	Signature	Date

UNCLAIMED FUNDS APPLICATION

Claimant Name					
Address 1					
Address 2					
City State Zip					
Phone		SSN or FEIN *		Date of Birth	
Did you use a paid professional finder <input type="checkbox"/> Yes <input type="checkbox"/> No			Finders Name		
Are you the original owner <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship to owner			
Reason for claiming funds on behalf of owner					

Issuing Department Only		Issuing Department Only	
I Certify & Approve the items listed should be reissued to claimant.		I Certify & Approve the items listed should be reissued to claimant.	
Signature	Date	Signature	Date

Payin #	Payin Date	Check No or Item	Check Date	Issuing Dept	Comment/Case #	Amount
TOTAL						

CERTIFICATION - Under penalties of perjury, I certify that:

1. The undersigned makes claim to Unclaimed Funds now in custody of the Summit County Fiscal Office specified above pursuant to O.R.C. 9.39 of the Ohio Revised Code.
2. I believe the Unclaimed Funds listed on this application belong to me or the business I represent.
3. The taxpayer identification number provided belongs to the claimant listed above.
4. The information provided on this claim form is true and correct and all supporting documents presented are original or true unaltered copies of the original documents.
5. If the Unclaimed Funds are issued to me and it is found they do not belong to me I will return said funds.

Claimant's Signature _____ Date _____

Print Name of Claimant _____

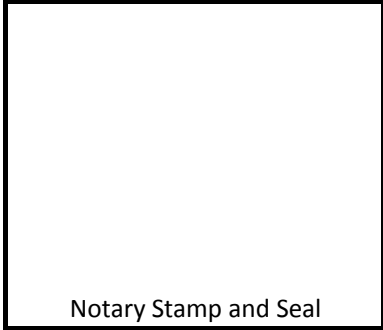
Co-Claimant Signature _____

Print Name of Co-Claimant _____

Sworn to and subscribed before me the ____ Day of _____ Year _____

Notary Signature _____

State of _____ County of _____



Kristen M. Scalise CPA, CFE Summit County Fiscal Officer

- 1 **Personal Identification**-required on all claims. ID may include driver's license, state ID, and passport.
- 2 **Proof of Reported Address** -utility bill, bank statement, tax records, mortgage/rent records, post marked envelope
- 3 **Proof of Business Relationship** - with reporting department of Summit County
- 4 **Original Claim Form, signed and notarized. If property is a joint account both owners must sign claim form**
- 5 Find your claim in the listing below, and provide additional documents specified, if any
- 6 **YOU DO NOT NEED TO USE A PROFESSIONAL FINDER**

UNCLAIMED FUNDS APPLICATION

<p>Original Owner</p> <ul style="list-style-type: none"> * Personal ID * Proof of reported address * W-9, if an Attorney * Proof of Mortgage, if applicable <p>Joint Owners</p> <ul style="list-style-type: none"> *Signature of joint owners on claim form, or proof of joint owner's death (death cert.) *Proof of survivorship rights <p>NOTE: You may be required to provide a court order from Probate Court</p> <p>Ex Spouse</p> <ul style="list-style-type: none"> *Divorce records must specify your right to funds <p>Heir, Fiduciary of Deceased</p> <ul style="list-style-type: none"> *Court Order from Probate Ct <p>Custodian or Guardian</p> <ul style="list-style-type: none"> *Proper documentation from court to show a guardianship or custodial relationship 	<p>Trusts</p> <ul style="list-style-type: none"> *Original, notarized cert. of Trust signed by the trustee & meeting all requirements of O.R.C. 5810.13 *Must submit owner ID <p>Business Owners</p> <ul style="list-style-type: none"> *Business FEIN *Person signing claim form must provide Proof of Authority to claim funds on behalf of company, such as a corporate resolution or affidavit from a senior officer as well as verification of the position of both individuals (letterhead or business cards are not acceptable proof) *If business has ceased to exist, provide dissolution agreement or other legal records showing the distribution *If business is in bankruptcy or receivership, provide a certified copy of the appt of trustee or receiver 	<p>Business Owners (cont.)</p> <ul style="list-style-type: none"> *If original business is different than current, must show relationship to reported owner (subsidiary, merger, name change) <p>If you are not the owner</p> <ul style="list-style-type: none"> *You must show the account belonged to the owner *You must prove you are the rightful recipient of the funds <p>Additional Information</p> <ul style="list-style-type: none"> *Notaries can be found at your local bank, city and county office, police and sheriff departments, and most law firms *The Summit County Fiscal Office will not charge a fee to process a claim *No Interest is paid on any account *Summit County reserves the right to request additional evidence on all claims 	<p>Professional Finders</p> <ul style="list-style-type: none"> *Must submit signed contract *Must submit proof of certification with State of OH *Limited to 10% fee *Must submit owner ID and finder ID with claim *May not contact individuals until funds are over 2 yrs old *Please refer to Summit County Codified Ordinance Chapter 779 *A Power of Attorney is not valid *Call 330-643-2616 to check if a professional finder is certified <p>NOTE: Check will be issued and mailed to owner of funds</p> <p>Mail Applications To</p> <p>Kristen M. Scalise CPA, CFE Summit County Fiscal Officer Attn: Unclaimed Funds 175 S. Main St., Room 406 Akron, OH 44308</p>
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