

Kristen M. Scalise CPA, CFE Summit County Fiscal Officer



Summit County Fiscal Office Unclaimed Funds Department

For more information call
330.643.2872 or 330.643.2616

DO NOT FAX

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.

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

*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

Totals

Pay Ins

Accounting Department Only

Received Date

Fiscal Office Only

Certification of Contract per
Codified Ordinance 779

Signature

Date

Audited By:

Date:

Check #:

Date:

Sign Off:

UNCLAIMED FUNDS APPLICATION

Claimant Information

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					

Check Information

Case	Parcel	Item Information	Check #	Check Date	Amount
Pay In #		Pay In Date			
Pay In #		Pay In Date			
Pay In #		Pay In Date			

_____ certifies and approves electronically the items listed for Dept Number _____ for the amount of _____ should be reissued to the above claimant.

Accounting Dept Info:	Voucher #:	Date:	Keypuncher:
-----------------------	------------	-------	-------------

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's Signature _____
Print Name of Co-Claimant _____
Sworn to and subscribed before me the _____ Day of _____ Year _____
Notary Signature _____
State of _____ County of _____

Notary Stamp and Seal

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 INSTRUCTIONS

Original Owner

- *Personal ID
- *Proof of reported address
- *W-9, if an Attorney
- *Proof of mortgage, if applicable

Joint Owners

- *Signature of joint owners on claim form, or proof of joint owner's death (death certificate)
- *Proof of survivorship right
- *NOTE: You may be require to provide a court order from Probate Court

Heir, Fiduciary of Deceased

- *Court order from Probate Ct

Ex Spouse

- *Divorce Records must specify your rights to funds

Custodian or Guardian

- *Proper documentation from ct to show guardian or custodial relationship

Trusts

- *Original, notarized cert. of trust signed by the trustee and meeting all requiremts of O.R.C. 5810.13

- *Must submit owner ID and

Business Owners

- *Business FEIN
- *If original business is different than current, must show relationship to reported owner (subsidiary, merger, name change)
- *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 other legal record showing the distribution

Business Owners (cont.)

- *If business is in bankruptcy or receivership, provide a certified copy of the appt of trustee or receiver

If you are not the owner

- *You must show the account belonged to the owner
- *You must prove you are the rightful recipient of the fund

Additional Information

- *Notaries can be found at your local bank, city, and county office, police and sheriff dept, and most law firms
- *The Summit County Fiscal Office will not charge a fee to process a claim
- *Finder ID with claim
- *No interest is paid on any account
- *Summit County reserves the right to request additional evidence on all claims

Professional Finders

- *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 330-643-2872 to check if a professional finder is certified

NOTE: Check will be issued and mailed to owner of funds

Mail Applications To:

Kristen M. Scalise CPA, CFE
Summit County Fiscal Officer
Attn: Unclaimed Funds
175 S Main St, Room 406
Akron OH 44308