



Home Asset Recovery Team
PHILADELPHIA SHERIFF'S OFFICE
 (215) 686-3532 Office FAX (215) 686-3555
 Questions Only
 sheriffhart@phila.gov

WHEN COMPLETED MAIL TO:
PHILADELPHIA SHERIFF'S OFFICE
 Home Asset Recovery Team
 100 SOUTH BROAD ST., 5TH FLOOR,
 PHILADELPHIA, PA 19110
 Rochelle Bilal, SHERIFF

CONTACT INFORMATION

NAME (REQUESTER CLAIMANT) *	ADDRESS (CURRENT)	CITY	STATE	ZIP CODE
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HOME TELEPHONE	CELL PHONE	EMAIL ADDRESS IF APPLICABLE:
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HAVE YOU EVER FILED A CLAIM FOR BANKRUPTCY? All FINDERS must register with the Philadelphia City Law Department

IF YES
 BANKRUPTCY CASE NUMBER:

GENERAL PROCEDURES:
 ONCE ALL MANDATORY PAPERWORK RECEIVED – Unit will request an insured distribution policy. Title Company will RUN the name, social security number and driver's license of each listed previous owner(s); anything owed will be paid prior to IF any check is to be written to the previous owner. If a distribution policy is NOT received within a month the Unit will request an update every two weeks from Title Company until received.

PROPERTY INFORMATION

NAME OF ALL PREVIOUS OWNER(S) LISTED ON PROPERTY	PROPERTY ADDRESS (JUDICIAL SOLD PROPERTY)	CITY	STATE	ZIP CODE
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BOOK / WRIT NUMBER	RELATIONSHIP (PLEASE CHECK ONE):	SOCIAL SECURITY # OF LISTED ON DEED:
	<input type="checkbox"/> SELF <input type="checkbox"/> RELATIVE <input type="checkbox"/> OTHER	

PLEASE PROVIDE COPIES OF DOCUMENTS BELOW

PHOTO IDENTIFICATION (MANDATORY)
DRIVER'S LICENSE (STATE) *REQUESTOR MUST SUBMIT ID IF BOTH REQUESTOR AND PREVIOUS OWNER (S) ARE NOT THE SAME.

GOVERNMENT IDENTIFICATION CLAIM REJECTED? YES _____ NO _____

If any of listed previous owners are deceased listed below are items needed to start claim.

DEATH CERTIFICATE
 ESTATE (Register of Wills)
 NOTICE OF INHERITANCE TAX APPRAISEMENT

If there is more than one of listed previous owner that is deceased – will need the death certificate of the last person that passed. Also will need proof of Inheritance Tax filed or paid for all deceased previous owners.

REASON FOR REJECTION:

UNSWORN FALSIFICATION TO AUTHORITIES (18 PA C.S. § 4904)
 I VERIFY THAT THE STATEMENTS OF FACTS MADE BY ME ARE TRUE AND CORRECT AND THAT THEY ARE MADE SUBJECT TO THE PENALTIES OF TITLE 18 PA C.S. § 4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES. I FURTHER VERIFY THAT I HAVE NOT OMITTED OR FALSIFIED ANY FACTS OR MATTERS ON THIS FORM

PLEASE READ BEFORE SIGNING

PRINT NAME (CLAIMANT)	SIGNATURE (CLAIMANT)	DATE & TIME:
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RECEIVED BY SHERIFF'S OFFICE EMPLOYEE (SIGNATURE)	DATE & TIME:
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CLAIMS ARE NOT ACCEPTED BY FAX OR EMAIL.