



# Longview Housing Authority

Christina M. Pegg, Executive Director

## FRAUD ALLEGATION COMPLAINT FORM

### POLICY STATEMENT

Longview Housing Authority is dedicated to increasing safe, affordable housing and providing opportunities for persons experiencing barriers to housing. LHA leads the community in assisting residents with affordable housing needs, while creating opportunities and incentives for self-sufficiency. Participants of the LHA rental assistance programs are held to reasonable levels of personal accountability for maintaining the integrity of our rental assistance programs. Within the provisions of law and program regulations, Longview Housing Authority will terminate rental assistance and deny future assistance to those who have committed fraud in connection with our programs.

#### General Information

Date \_\_\_\_\_ Name of Subject \_\_\_\_\_

Address of Subject \_\_\_\_\_

(The following information will be kept confidential unless you wish to submit this statement and/or a separate written statement to be considered as "evidence" in an investigation, or if you wish to testify at an informal hearing.)

Your name \_\_\_\_\_ Your phone number \_\_\_\_\_

Your Address \_\_\_\_\_

Your relationship or connection to subject \_\_\_\_\_

Do you want this statement to be considered as "evidence" in an investigation? \_\_\_\_\_

Would you be willing to testify, if needed, at an informal hearing? \_\_\_\_\_

May we call you if additional information is needed? \_\_\_\_\_

#### Basic Complaint

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Additional Information

(Please attach an additional sheet, if necessary)

Is the subject employed? \_\_\_\_\_ Where? \_\_\_\_\_

How long? \_\_\_\_\_ Does the subject receive any other types of income? \_\_\_\_\_

\_\_\_\_\_



What are the full names of those who live in the household (in addition to subject)?

Adults: \_\_\_\_\_

\_\_\_\_\_

Minors (under 18): \_\_\_\_\_

\_\_\_\_\_

What are the full names of possible unauthorized live-in(s)? \_\_\_\_\_

\_\_\_\_\_

If there is more than one live-in, are they related or connected in some way to each other? \_\_\_\_\_

If yes, how? \_\_\_\_\_

How long have they lived there? \_\_\_\_\_

Do they receive mail at the subject's address? \_\_\_\_\_ If yes, from whom? (e.i. PUD, City of

Longview, Dept of Licensing) \_\_\_\_\_

Are they employed? \_\_\_\_\_ If yes, do you know where? \_\_\_\_\_

Other income of live-in(s)? \_\_\_\_\_

Do live-in(s) have a vehicle? \_\_\_\_\_ License Plate # \_\_\_\_\_ Make \_\_\_\_\_

Year \_\_\_\_\_ Color \_\_\_\_\_

Have the police been to the unit regarding live-in(s)? or disturbances? \_\_\_\_\_

If yes, please explain when and why, if known \_\_\_\_\_

\_\_\_\_\_

Are there others who would be willing to write statements or give testimony as to the residence of live-ins? \_\_\_\_\_ If yes, please list their name(s), address(es), phone number(s) and relationship to the subject. (If you would prefer, you may collect these statements independently and hand deliver, mail or fax the to the LHA office.) \_\_\_\_\_

PLEASE NOTE: LHA cannot release information regarding the outcome of specific cases investigated, due to confidentiality laws. Please be assured that we will look into every allegation received.

Your time, effort and willingness to get involved with LHA's efforts to maintain the integrity of our programs is greatly appreciated. Please drop off or main this form and any supporting evidence you may have to:

Longview Housing Authority  
1207 Commerce Ave.  
Longview, WA 98632