



# HOUSING OPPORTUNITIES

of SW Washington

Connecting people to homes, hope and opportunity. **Christina M. Pegg, CEO**

## FRAUD ALLEGATION/COMPLAINT FORM

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

Today's Date \_\_\_\_\_ Name of Participant \_\_\_\_\_

Address of Participant \_\_\_\_\_

**CONFIDENTIALITY:** 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 Relation to Participant \_\_\_\_\_

- Do you want this statement to be considered as "evidence" in an investigation?  Yes  No
- Would you be willing to testify, if needed, at an informal hearing?  Yes  No
- May we call you if additional information is needed?  Yes  No

### Basic Complaint

*Additional Information (Please attach additional pages if necessary)*

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Is the program participant employed?  Yes  No Where? \_\_\_\_\_

If employed, how long? \_\_\_\_\_ Does the participant receive any other types of income?  Yes  No If yes, from where? \_\_\_\_\_

What are the full names of everyone in the "assisted" household (including both authorized, unauthorized adults and minors): \_\_\_\_\_

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If there is more than one unauthorized "live-in," are they related or connected in some way to each other?  
 Yes  No If yes, how are they connected? \_\_\_\_\_

How long have they lived there? \_\_\_\_\_ Do they receive mail at the participant's address?  Yes  No  
If yes, from whom? (Insurance, utility, employer, etc.) \_\_\_\_\_

Are the unauthorized "live-ins" employed?  Yes  No If yes, where? \_\_\_\_\_

If the unauthorized "live-ins" aren't employed, do they have other sources of income?  Yes  No  
If yes, what are those other sources of income? \_\_\_\_\_

Do the unauthorized "live-ins" have a vehicle?  Yes  No If yes, what type of vehicle? \_\_\_\_\_  
License plate #? \_\_\_\_\_

Have the police been to the unit for any reason?  Yes  No If yes, when and what happened? \_\_\_\_\_

Do you know anyone else that would be willing to write a statement or give testimony confirming this information?  Yes  No If yes, please list their name, address, phone number, and relationship to the participant (if known). If you prefer, you may collect these statements independently and hand deliver, mail, fax, or email information to our office. \_\_\_\_\_

*PLEASE NOTE: HOSWWA staff 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. Additionally, HOSWWA staff are not permitted to take negative action against any program participant without evidence or a documented preponderance of evidence of program fraud and/or abuse.*

**Thank You.** *Your time, effort and willingness to get involved with HOSWWA's efforts to maintain the integrity of our programs is greatly appreciated. Any information you wish to provide can be delivered to Housing Opportunities of SW Washington at:*

Main Office Address: **820 11<sup>th</sup> Ave., Longview WA 98632**  
Fax: **(360) 425-9930**  
Toll-Free Fax: **(888) 424-7145**  
Email: [sherry.harding@hoswwa.org](mailto:sherry.harding@hoswwa.org)