



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 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, Longview Housing Authority 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 _____

(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 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)

Is the participant employed? Yes/No Where? _____

If employed, how long? _____ Does the participant receive any other types of income?

Yes/No If yes, what other sources of income? _____

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

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? _____



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 sources? _____

Do the unauthorized "live-ins" have a vehicle? Yes/No. If yes, what is it? _____

License plate #? _____ Who drives the vehicle? _____

Have the police been to the unit regarding public disturbances? Yes/No. If yes, when and what
happened? _____

Do you know of anyone else that would be willing to write a statement or give testimony
confirming the address of the unauthorized "live-ins"? If yes, please list their name, address,
phone number and relationship to the participant. If you prefer, you may collect these statements
independently and hand deliver, mail, fax or email information to our office. Yes/No. If yes,
please list the names and other information

PLEASE NOTE: LHA 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.

Your time, effort and willingness to get involved with LHA's efforts to maintain the integrity of our
programs is greatly appreciated. Any information you wish to provide can be delivered to
Longview Housing Authority at:

Main Office Address: 820 11th Ave., Longview WA 98632
Fax: (360) 425-9930
Toll-Free Fax: (888) 424-7145
Email: sherry.harding@longviewha.org

