

FRAUD ALLEGATION COMPLAINT FORM

POLICY STATEMENT

The King County Housing Authority is dedicated to providing quality affordable housing opportunities and to build communities through partnerships. We encourage self-sufficiency and we protect the dignity of people with limited resources while safeguarding the public trust.

PLEASE PRINT INFORMATION LEGIBLY

DATE: _____ NAME OF SUBJECT: _____

ADDRESS OF SUBJECT: _____

YOUR NAME: _____ YOUR TELEPHONE #: _____

YOUR RELATIONSHIP TO SUBJECT: _____

WOULD YOU BE WILLING TO TESTIFY AT AN INFORMAL HEARING? () YES () NO

NARRATIVE – WHAT IS HAPPENING IN THE UNIT:

IS THE SUBJECT EMPLOYED? _____ IF YES, WHERE: _____ HOW LONG? _____
NAME OF COMPANY CITY

WHAT ARE THE FULL NAMES OF EACH PERSON LIVING IN THE HOUSEHOLD?

ADULTS: _____

MINORS (UNDER 18): _____

WHAT IS THE FULL NAME OF ANY “UNAUTHORIZED LIVE-IN”: _____

IS THE “LIVE-IN” RELATED TO THE SUBSIDIZED TENANT? () YES () NO IF YES, WHAT RELATIONSHIP: _____

IS THE “LIVE-IN” EMPLOYED? () YES () NO IF YES, WHERE? _____

OTHER INCOME OF “LIVE-IN(S)”

(HOW MUCH AND WHERE ARE THEY WORKING/GETTING IT FROM?)

DOES THE "LIVE-IN" HAVE A VEHICLE? () YES () NO IF YES, WHAT? _____
YEAR MAKE MODEL LICENSE PLATE #

HAVE THE POLICE BEEN TO THE UNIT REGARDING THE "LIVE-IN"? () YES () NO IF YES, WHY? _____

IS THE "LIVE-IN" OR TENANT INVOLVED IN ANY CRIMINAL OR DRUG ACTIVITY? () YES () NO IF SO, PLEASE EXPLAIN:

DOES THE "LIVE-IN" GET MAIL AT THE TENANT'S ADDRESS: () YES () NO () I DON'T KNOW

IS THERE ANY OTHER INFORMATION YOU THINK WOULD BE HELPFUL REGARDING THE "LIVE-IN(S)?
(EXAMPLE: PROBATION OFFICER INFORMATION, BANK ACCOUNTS, STORE/CHARGE ACCOUNTS, SCHOOL RECORDS, COURT DOCUMENTS, CPS INVOLVEMENT, PROPERTY OWNED, CARS OWNED, ETC.)

IS THERE ANYONE ELSE YOU KNOW WHO HAS INFORMATION AND WOULD BE WILLING TO WRITE A STATEMENT OR GIVE TESTIMONY IN AN INFORMAL HEARING? () YES (NO) IF YES, GIVE THEIR NAME AND A PHONE NUMBER:

NAME ADDRESS/CITY HOME PHONE WORK/CELL PHONE

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IS THERE ANYTHING ELSE YOU WOULD LIKE TO ADD TO THIS STATEMENT:

MAIL OR FAX TO:
PAMELA STANLEY
FRAUD INVESTIGATOR
15455 65TH AVE SOUTH, SUITE 200
TUKWILA, WA 98188

CONFIDENTIAL FAX: (206) 357-2432

Revised: 4-15-2005

- () Fraud Hot-line call
- () Complaint Form mailed/dropped or faxed in to KCHA
- () Other _____

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