



Housing Authority of Thurston County  
1206 12<sup>th</sup> Avenue SE • Olympia, WA. 98501  
Tel: (360) 753-8292 • Fax: (360) 586-0038  
www.hatc.org

## FRAUD ALLEGATION COMPLAINT FORM

### POLICY STATEMENT

The Housing Authority of Thurston County is dedicated to increasing safe, affordable housing and providing opportunities for persons experiencing barriers to housing. HATC leads the community in assisting residents with affordable housing needs, while creating opportunities and incentives for self-sufficiency. Participants of the HATC rental 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, HATC may 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 Telephone Number \_\_\_\_\_  
Your Address \_\_\_\_\_  
Your Relationship or Connection to Subject \_\_\_\_\_

Do you wish your 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

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*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 years old) \_\_\_\_\_  
\_\_\_\_\_

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? \_\_\_\_\_

Are they employed? \_\_\_\_\_ If yes, where? \_\_\_\_\_

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

Do live-in(s) have a vehicle? \_\_\_\_\_ Licence Plate Number \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

Have the police been to the unit regarding live-in(s)? \_\_\_\_\_ 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-in(s)? \_\_\_\_\_ If yes, please list their name(s), address(es), phone number(s) and relationship(s) to subject. (If you would prefer, you may collect these statements independently and hand deliver, mail or fax them to the HATC office.) \_\_\_\_\_  
\_\_\_\_\_

Is there any other information that you think would be helpful regarding live-in(s) - (i.e. probation officer information, bank accounts, store accounts, utility accounts, school records, court documentation, CPS involvement, etc.)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any additional information you would like HATC to have concerning this subject? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE NOTE: HATC cannot release information regarding the outcome of specific cases investigated, due to confidentiality laws. .

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

