



Housing Authority of Thurston County
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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

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.

