

Program Violations and/or Fraud Reporting Form

Housing Authority of the County of Santa Cruz

Program Integrity Office

2931 Mission Street, Santa Cruz, CA 95061

Phone: 831-454-9455 ext: 251

Please submit this form by mail to the address above or electronically by e-mail.

Please give as much information and as many details as possible. If necessary, print and use the back of this form.

Name of the person(s) committing violation and/or fraud: _____

At what address? _____

What appears to be a violation and/or fraud? **(Check all that Apply)**

Unreported Income. How much and from where: _____

Additional People Living in the Home.

Name(s): _____

Age(s): _____ Since When: _____

Vehicle description: _____

Someone Moved Out of the Home.

Name: _____ Date: _____

Drugs and/or Criminal Activity.

Who: _____

What and when? _____

Police Reports? _____ Currently Incarcerated? _____

Subleasing of the Home.

To whom: _____

How much rent is being charged and since when? _____

Landlord is Accepting Additional Rent.

How much and since when? _____

Landlord is a Relative.

Name of landlord: _____ What is the relationship? _____

Other Violations or Fraud (charging live-in aide rent, landlord living in the home, etc):

Who, other than you, can confirm the violation and/or fraud:

Name: _____ Contact Phone Number: _____

Name: _____ Contact Phone Number: _____

OPTIONAL - Confidential Information.

Giving your name and contact information is optional, however, we may need to ask you for more details and may not be able to complete the investigation if we cannot reach you. Your name and contact information will be kept confidential (please see [Confidentiality](#) on our [Program Violations and Fraud](#) web site page for details):

Your name: _____ Phone number: _____

E-mail address: _____ Date: _____