



PROGRAM VIOLATION COMPLAINT FORM

POLICY STATEMENT

Spokane Housing Authority (SHA) is dedicated to increasing safe, affordable housing and providing opportunities for persons experiencing barriers to housing. SHA leads the community in assisting low income families with affordable housing needs, while creating opportunities for self-sufficiency. To maintain the integrity of our rental assistance programs, participants must fulfill their program obligations. For example, participants must report family income changes in a timely fashion. In some circumstances a participant may retain their rental assistance, if they repay us for the excess subsidy that they received as a result of not timely reporting an increase in family income. Within the provisions of law and program regulations, SHA may terminate rental assistance to those who commit program violations. SHA will terminate assistance and deny future assistance to participants who deliberately provide false or misleading information in order to obtain a benefit greater than he/she is entitled to receive.

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 Phone Number _____

Your Address _____

Your Relationship or Connection to Subject _____

Do you want this 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: _____

For Additional Information (*Please attach an additional sheet, if necessary*)

Is the subject employed? _____ Where? _____ How Long? _____

What are the full names of those who live in the household (in addition to the subject)?

Adults: _____

Minors (under 18): _____

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? _____ License Plate No. _____

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 SHA 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.)? _____

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

Your time, effort, and willingness to help with our efforts to maintain the integrity of these HUD-funded programs is greatly appreciated. Please drop off or mail this form and any supporting evidence you may have to: **Spokane Housing Authority, 55 W. Mission Ave., Spokane, WA 99201.**