

# ALLEGED ABUSE OF SECTION 8 RENTAL ASSISTANCE PROGRAM



505 West Julian Street | San José, CA 95110 | (408) 275 – 8770

**ANYTHING YOU REPORT IS KEPT STRICTLY CONFIDENTIAL.  
DUE TO PRIVACY LAWS WE CANNOT PROVIDE ANY INFORMATION TO YOU.**

Please provide the following information regarding the unit/tenant in question: (Use reverse side if needed.)

Name of Family: \_\_\_\_\_

Unit Address: \_\_\_\_\_

### TYPE OF INFORMATION

**Unreported Income:** Write the first and last names of the person(s) who receive the income; the source of income; the amount per week; the name and address of employers and how long the income has been received:

\_\_\_\_\_  
\_\_\_\_\_

**Drug-related or violent activity:** Contact the police IMMEDIATELY to provide them with information on criminal activity. Also indicate who uses/sells drugs; and related activities observed. If violent activity has been observed, report what has happened and by whom. **If there is already police involvement or an arrest,** provide case number, persons involved, reasons, and date of arrest:

\_\_\_\_\_  
\_\_\_\_\_

**Extra people in the unit:** Write the first and last names, how long they have lived there; if they are related to the household; if they pay rent and how much they pay. (ALSO contact the landlord, if known.)

\_\_\_\_\_  
\_\_\_\_\_

**Household members are noisy and/or cause a disturbance:** Contact the landlord, if known. You may write details of the disturbance here:

\_\_\_\_\_  
\_\_\_\_\_

**Landlord is accepting extra money, living in the unit or breaking other rules:** Write the name of the landlord; how much extra money the landlord collects; for how long; receipts (if any), how long the landlord has lived in the unit, and any other details:

\_\_\_\_\_  
\_\_\_\_\_

### SOURCE OF INFORMATION

\_\_\_\_\_  
\_\_\_\_\_

**STRICTLY CONFIDENTIAL:** Your name and address and/or telephone number: (**ONLY authorized Housing Authority Staff will have access to this information.**) **This information is required. If you fail to provide contact information, this allegation will not be investigated.**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Entity ID # \_\_\_\_\_ Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_