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.

Supervisor Signature:		Date:
Entity ID #	Received By:	Date:
Staff will have access to the this allegation may not be	his information.) This information e investigated.	elephone number: (ONLY authorized Housing Authority n is required. If you fail to provide contact information, :
Source of Information	I	
has lived in the unit, and	d any other details:	
		or breaking other rules: Write the name of the ;; for how long; receipts (if any), how long the landlord
Household members are details of the disturbance	=	pance: Contact the landlord, if known. You may write
	- "	es, how long they have lived there; if they are related pay. (ALSO contact the landlord, if known.)
· · · · · · · · · · · · · · · · · · ·	mber, persons involved, reasor	om. If there is already police involvement or an as, and date of arrest:
criminal activity. Also in	ndicate who uses/sells drugs; a	MMEDIATELY to provide them with information on nd related activities observed. If violent activity has
-		the person(s) who receive the income; the source of of employers and how long the income has been
TYPE OF INFORMATION		
Unit Address:		
Name of Family:		
Please provide the follo	wing information regarding the	e unit/tenant in question: (Use reverse side if needed.)