

Linn-Benton Housing Authority
ALLEGATION FORM

Section 8 Housing Choice Voucher participants are under obligations to comply with program rules and may jeopardize their eligibility if violations occur. It is important to us to make sure that they follow these guidelines.

Date: ____/____/____

Tenant(s) – *List adults only*

Address – *Assisted unit*

Street *City*

1. Can this issue be resolved by contacting the Landlord?
If you answered yes to this question do not continue filling out this form. All landlord/tenant issues should be reported to the landlord or manager of the unit.

2. Is this an issue for the police department, child welfare, etc?
Please remember that some issues may not affect the **eligibility** of families on the program. Urgent matters need to be reported to the appropriate outside agency such as police dept., child welfare, etc.

Allegation Topic (*Please check boxes that apply and explain*)

Extra people/person living in Unit for more than 30 consistent days:

Name	Vehicle Information

Continued on back



Source of Income of extra people/person (Place of Employment how long):

Household Unreported Income
(Supply name of employer, name of person employed, etc.)

Other Concerns

Remain Anonymous: Y/N

If you answered no, please fill in information below:

Informant Name: _____

Phone: (____) _____

Relationship to Tenant: _____

Will attend an informal hearing? Y/N

Office Use Only

Previous Allegations: Y/N

Date(s): ____/____/____ : ____/____/____ : ____/____/____ : ____/____/____

Previous Program Warnings: Y/N

Date(s): ____/____/____ : ____/____/____ : ____/____/____ : ____/____/____

Action Taken

Final Action Taken

Program Warning Program Warning/Payback Terminated Drop Closed

Date of Termination ____/____/____

Date Resolved ____/____/____