

**Program Violations and/or Fraud Reporting Form**

Central Falls Housing Authority  
30 Washington Street  
Central Falls, RI 02863  
Phone: (401) 727-9090

**Please submit this form by mail to the address above or electronically by email.**

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 detailed information 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):

Name: Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_ Date: \_\_\_\_\_