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Para adquirir la versión traducida, por favor comuníquese al 312-935-2600.

FRAUD REPORT FORM

*If you need this document in a different language or **LARGER FONT** or if you need a reasonable accommodation (persons with disabilities), please call 312-935-2600 or TTY: 312-461-0079. Advance notice of seven days is required in order to arrange for interpreter services.*

Instructions:

The Chicago Housing Authority (CHA) is committed to protecting the integrity of the federal programs it administers. If you have reason to believe that any fraudulent activity is taking place in connection with CHA's Housing Choice Voucher (HCV) Program, report the matter promptly to CHA.

There are three ways to report suspected fraudulent activity:

- 1. Mail:** CHA Housing Choice Voucher Program
Attn: HCV Program Fraud/Compliance
60 E. Van Buren Street, 10th Floor
Chicago, IL 60605
- 2. Phone:** CHA Fraud Hotline
800-533-0441
- 3. Fax:** 312-786-3663
Attn: HCV Program Fraud/Compliance

Please use the following Fraud Report Form when submitting a written report. CHA will follow up on all reports of HCV Program violations using all the resources available under the Code of Federal Regulations. Violations may be committed by HCV Program participants and property owners/managers as well as CHA employees and its contractors.

To process a suspected fraudulent activity, please provide as much information as possible regarding the person(s) you are reporting and the nature of the violation. The more information that is reported, the better chance there is of determining if fraudulent activity has taken place. Without sufficient information, we will be unable to investigate the suspected activity.

Remember, the information you provide to CHA is strictly confidential. Due to federal regulations, CHA cannot comment on actions taken after your allegation is reported. It is not possible to obtain the status of the investigation. However, we assure you that all allegations will be reviewed to determine whether fraud is taking place and the proper penalties will be issued if fraudulent activity is discovered. We encourage and appreciate your support in this matter.



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Part 1: Person(s) Being Reported

Name: _____

Address: _____ Apt./Unit: _____

City: _____ State: _____ Zip: _____

Phone (if known): _____

This person is a:

- ☐ Property Owner or Manager
- ☐ HCV Program Participant (Voucher #, if known): _____
- ☐ CHA Employee or Contractor

Date(s) of suspected activity: _____

Describe the suspected fraudulent activity *(use additional sheets, if necessary)*:

Part 2: Optional Information

Your name: _____

Please check one:

- ☐ Contact me by email: _____
- ☐ Contact me by telephone: _____

The best time to call me is between: _____ and _____

- ☐ Do not contact me