



CARIBOU HOUSING AGENCY

Housing Choice Voucher Program

25 High Street

Caribou, ME 04736

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www.cariboumaine.org



ALLEGED ABUSE OF SECTION 8

**ALL REPORTS ARE KEPTS STRICTLY CONFIDENTIAL
DUE TO PRIVACY LAWS WE CANNOT PROVIDE ANY INFORMATION TO YOU**
(This includes results of actions or taken as a result of any investigation)

Please provide the following information regarding the unit/tenant in question:

Head of Household: _____

Address: _____

City: _____ Phone Number: _____

TYPE OF PROGRAM ABUSE BEING REPORTED (Please provide any documentation that you may have)

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.):

Drug-related or violent-criminal activity: Contact the police IMMEDIATELY to provide them with information regarding this activity. Please indicate who may be involved in drug usage/sells/uses and related activates observed. If violent criminal activity has been observed, please note what has happened by whom? Have the police been involved? Do you have a police report number?

Unreported income: Indicate the first and last names of the person(s) who receive income; the source and amount of the income; name of the employer if available; and how long the income has been received:

Household members or guest cause neighborhood disturbances: Contact the landlord. Please list details of the disturbances:

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); ho long the landlord has lived in the unit; and any other details.

STRICTLY CONFIDENTIAL: Your name, address, and telephone number. If you fail to provide contact information this allegation will not be investigated.

WARNING: Section 1001 of Title 18 of the U.S. Code makes is a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States.

x. _____
Signature Date

Printed Name: _____

Address: _____

City: _____ Phone Number: _____