



SONOMA COUNTY HOUSING AUTHORITY

141 Stony Cir. Suite 210, Santa Rosa, CA 95401

Alleged Abuse of Section 8 Housing Choice Voucher Rental Assistance Program

Please provide the following information regarding the unit/tenant in question: (Use reverse if needed)

Complete Address: _____

Name of Family: _____

TYPE OF REPORT:

Unauthorized persons in the unit: Indicate first and last names of unauthorized tenants, if known, or physical description if unknown. Indicate the length of time they have been residing in the unit, whether or not they are paying any rent, and any other pertinent information: _____

Drug-related or violent activity: Contact law enforcement IMMEDIATELY to provide them with information on any criminal activity. Indicate here any drug related activity observed. If violent activity has been observed, report what has happened and by whom. **If the police have already been involved or an arrest has been made**, provide the case number (if known), people involved, and date of occurrence: _____

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

Disturbances: NOTIFY THE LANDLORD. (For landlord information contact the county assessors office at 565-1888) You may also write details of the disturbance here: _____

OPTIONAL: Your name and a phone number where we can reach you if necessary: _____

Thank you for reporting the above information. **DUE TO PRIVACY LAWS WE CANNOT PROVIDE ANY INFORMATION REGARDING THE TENANT OR ANY ACTION TAKEN BASED ON THIS INFORMATION.**

FOR SCHL OFFICE USE ONLY

Completed By: Public ☐ OS ☐ Reception ☐ Initials: _____ Date: _____

Received By: _____ Date: _____