Instructions for Reporting Housing Fraud

New Hampshire Housing is committed to protecting the integrity of the Section 8 Housing Choice Voucher Program. If you have reason to believe that any fraudulent activity is taking place in connection with the Housing Choice Voucher Program, report the matter promptly. Please use the Fraud/Compliance Report form when submitting a written report. The voucher program will follow up on all reports of program violations using all the resources available under the regulations.

Please provide as much information as possible regarding the person(s) you are reporting and the nature of the violations. 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.

Due to federal regulations, New Hampshire Housing cannot comment on actions taken after your allegation is reported. It is not possible to obtain the status of the investigations. 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.

Please mail or fax the Fraud/Compliance Report form as follows:

1. Mail: New Hampshire Housing
   Attn: Assisted Housing Division
   P. O. Box 5087
   Manchester, NH 03108-5087

2. Fax: (603) 472-8729
   Attn: Assisted Housing Division

Sincerely,

Assisted Housing Division
Fraud/Compliance Report Form

Part 1: Person(s) you are Reporting:

Name: _________________________________ Phone (if known):_____________________
Address: ________________________________ City: _______________________________

The person is a:  ☐ Tenant  ☐ Landlord  ☐ New Hampshire Housing employee

Date(s) of suspected activity: _______________________________________

Describe the suspected fraudulent activity. Include information such as but not limited to, name of possible unauthorized live-in. Is the subject employed?  ☐ Yes  ☐ No
Where? ____________________________________________________________
How Long? __________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Part 2: Person filing the report:

1. Your name and telephone number (optional):
   __________________________________________

2. May we call you if additional information is needed?  ☐ Yes  ☐ No

3. Would you be willing to sign a statement about this information  ☐ Yes  ☐ No

4. Is there someone else with knowledge of this situation?  ☐ Yes  ☐ No

   If yes, who? __________________________________________