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## VOUCHER PROGRAM ABUSE

**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:

\_\_\_\_\_  
\_\_\_\_\_

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

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**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.

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**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: \_\_\_\_\_