



PALM BEACH COUNTY HOUSING AUTHORITY

PBCHA Fraud Report Form

1. Person(s) Being Reported:

Name: _____

Address: _____ Apt/Unit: _____

City: _____ State: _____ Zip: _____

This person is a:

Landlord

Public Housing Resident

HCV Participant

PBCHA Employee

Describe the alleged fraudulent activity (Please attach additional pages if needed):

2. Optional Information:

Your Name: _____

Contact me by: (check all that apply)

Email: _____

Telephone: _____

Do not contact me

For Office Use Only:

Date received: _____

Received By: _____