



Housing Authority of the City of Austin

Established in 1937

VIOLATION REPORT

Type of Violation (please circle all that apply):

Date: _____

| | | | |
|--------------------|-------------------|--------------------------|-----------------------|
| NO UTILITY SERVICE | INCOME FRAUD | UNAUTHORIZED OCCUPANT(S) | SUBLETTING |
| DAMAGE CLAIM | CRIMINAL ACTIVITY | LEASE VIOLATION | HOUSEHOLD COMPOSITION |

Name of Person Making the Complaint: _____

Check here if you want to remain anonymous

Contact number (optional): _____

Person Committing the Violation:

Name(s): _____

Address: _____

Nature of violation and relevant notes (Please include as much information as possible, such as names, time frames, car make/model, car color, license plate number, drivers license numbers, place of employment, phone numbers, court documents, and any other information that is relevant to the possible investigation.):

Signature