



Louisiana Housing Corporation

SUSPECTED FRAUD INCIDENT REPORT

Date of Suspected Incident: \_\_\_\_\_ (Enter the date the incident occurred)

Time incident occurred: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Date this report was prepared: \_\_\_\_\_

Person completing this report: (Please Print) \_\_\_\_\_

Name of suspect: \_\_\_\_\_

NARRATIVE: (Please include the reason(s) you suspect the applicant named above has committed fraud)

Multiple horizontal lines for writing the narrative.

Signed: \_\_\_\_\_