



Credit Union Department State of Texas

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www.cud.texas.us**

SUSPECTED MORTGAGE FRAUD REPORT

Instructions: Please use this form when submitting suspected mortgage fraud for review by the Credit Union Department.

More information regarding mortgage fraud is available on the Texas Attorney General's Web site at www.oag.state.tx.us. You may also call the Attorney General's Hotline at 1-800-252-8011.

The filing of this report satisfies the requirements of Subchapter B, Chapter 402, Section 402.031 of the Texas Government Code, which requires a party to report mortgage fraud activities to an authorized government agency. Any credit union or person that makes a voluntary report of any possible violation of law or regulation to an authorized governmental agency shall not be liable to any person under any law or regulation of the state or the United States for such report.

Confidentiality of Report Submittal: If a credit union or person voluntarily or pursuant to Section 402.031 of the Government Code reports fraudulent activity to an authorized governmental agency, the credit union or person may not notify any person involved in the fraudulent activity that the fraudulent activity has been reported, and the authorized governmental agency who has knowledge that such report was made shall not disclose to any person involved in the fraudulent activity that the fraudulent activity has been reported.

Please print or type information.

Name of Person/Credit Union Submitting Report:		
Address:		E-mail:
City:	State:	Zip:
Daytime Phone Number (include area code):		
Date of This Report:		

Brief Synopsis of the situation and the reason you suspect fraud, including any detailed information that will help us identify the parties, companies and transactions.

Description of fraud (attach additional pages and documentation if necessary):
When did this Fraud Happen?

PROVIDE AS MUCH AS POSSIBLE ON THE FOLLOWING:

Subject(s) of Fraud Report (Who committed the Fraud?)

(1) First Name:		Last Name:		
Address:		City:	State:	Zip:
Sex: Male ___ Female ___		Alias (AKA):		
Occupation:				
Employer:				
Description of activities (attach any documents to report form):				
(2) First Name:		Last Name:		
Address:		City:	State:	Zip:
Sex: Male ___ Female ___		Alias (AKA):		
Occupation:				
Employer:				
Description of activities (attach any documents to report form):				
(3) First Name:		Last Name:		
Address:		City:	State:	Zip:
Sex: Male ___ Female ___		Alias (AKA):		
Occupation:				
Employer:				
Description of activities (attach any documents to report form):				

Witness Information. Include addresses and telephone numbers for company personnel and other individuals involved, and the information they have available.

Signature