

NOTICE

TO ALL APPLICANTS: New, Update, Recertification, Transfer

The new HUD regulation establishes administrative procedures for imposing civil penalties and assessments against person who file false claims or statements while applying for housing benefits. This regulation, which implements the Program Fraud Civil Remedies Act of 1986, applies to all applicants for Indian Housing Programs, as well as tenants and homebuyers.

The Program Fraud Remedies regulations apply to any person or persons who misrepresent or omit information from applicants for housing, income verification, re-examinations of information, family compositions, ages of family members, etc. The HUD Inspector General may investigate and they may be subject to the following penalties:

1. Up to \$ 5,000.00 for filing such a claim; or
2. Up to \$ 5,000.00 plus up to twice the amount of benefits which were fraudulently received; and
3. In any case, whether or not benefits were actually received by the individual family, any other remedy which may be prescribed by law will still apply. (This means that the fines do not preclude criminal charges or legal actions against the person(s) committing the fraud.)

Some of the areas where such fraud may occur:

4. Families reporting less than all sources of income, (e.g., only reporting husband’s income when both spouses are working; or not reporting all or part of part-time income or other seasonal income.)
5. Families listing more dependents than are eligible or who live in the household.
6. Families misrepresenting age to either get benefits for “elderly” or claim children as dependents after they reach age 18.
7. Families not reporting all assets, such as bank accounts, real estate/homes owned (other than Trust land, which is not an asset for this program).

The attachment of this Rider shall be made a part of the Dwelling Lease.

Applicant/Tenant Signature _____	Date Signed _____
Applicant/Tenant Signature _____	Date Signed _____
Applicant/Tenant Signature _____	Date Signed _____
Applicant/Tenant Signature _____	Date Signed _____

Authorized SKHA Staff

Date Signed