



FRAUD ACKNOWLEDGEMENT REGARDING FALSE OR MISLEADING STATEMENTS

_____ Applicant Name	_____ County
_____ Address	_____ City, State Zip Code
_____ Phone	_____ Email

- a) NOTICE: Applicant is hereby notified that intentionally or knowingly making a materially false or misleading statement relating to the Program could result in ineligibility for benefits, action to recover any Program benefits paid to or on behalf of Applicant, and/or a referral to criminal law enforcement.
- b) Applicant represents that all statements and representations made by Applicant regarding any other disaster recovery funding received by Applicant have been and shall be true and correct.
- c) Applicant hereby represents that the Applicant has received, read, and understands this notice of penalties for making a materially false or misleading statement to obtain Program benefits.
- d) In any proceeding to enforce this grant agreement, the State shall be entitled to recover all costs of enforcement, including actual attorney's fees.

Applicant Signature

Applicant Printed Name

Date