



## U.S. Department of Housing and Urban Development Office of Public and Indian Housing

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

#### **NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

#### **What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

**This Notice was provided by the below-listed PHA:**

**I hereby acknowledge that the PHA provided me with the  
*Debts Owed to PHAs & Termination Notice:***

**Signature**

**Date**

**Printed Name**

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



DECLARATION OF CITIZENSHIP STATUS
Section 214 of the Housing and Community Development Act of 1980
Effective June 19, 1995

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to Philadelphia Housing Authority. There must be one form completed for each member in the household. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing. See next page for footnotes and instructions.

I, \_\_\_\_\_, certify, under penalty of perjury1, that, to the best of my knowledge, (Family Member Name—Please Print)

I am lawfully within the United States because (please check the appropriate box):

- [ ] I am a citizen by birth, a naturalized citizen or a national of the United States; or
[ ] I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age2; or
[ ] I have eligible immigration status as checked below (see reverse of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
[ ] Immigrant status under §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA)3; or
[ ] Permanent residence under §249 of INA4; or
[ ] Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA5; or
[ ] Parole status under §§212(d)(5) of the INA6; or
[ ] Threat to life or freedom under §243(h) of the INA7; or
[ ] Amnesty under §245A of the INA8

(Signature of Family Member)

(Date)

- [ ] Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS/SAVE Primary Verification #: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions to Housing Authority**

Following verification of status claimed by persons declaring eligible immigration status (other than non-citizens age 62 or older and receiving assistance on June 19, 1995) HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

**Instructions to Family Member for Completing Form**

On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "√" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "√" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the Child.

**Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to non-citizens who declare eligible immigration status in one of the following categories:

1. **Eligible immigration status and 62 years of age or older.** For non-citizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 18, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
2. **Immigrant status under §§101(a)(15) or 101(a)(20) of INA.** A non-citizen lawfully admitted for permanent residence, as defined by §(101)(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a non-citizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
3. **Permanent residence under §249 of INA.** A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
4. **Refugee, asylum or conditional entry status under §§207, 208, or 203 of INA.** A non-citizen who is lawfully present in the U. S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158) [*asylum stand*]; or as a result of being granted conditional entry under 203(a)(7) of the INA (8 U.S.C. 1153 (a) (78) 0 before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
5. **Parole status under §212(d)(5) of INA.** A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212 (d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
6. **Threat of life or freedom under §243(h) of INA.** A non-citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h) [*threat to life or freedom*].
7. **Amnesty under §245A of INA.** A non-citizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

## VIOLENCE AGAINST WOMEN ACT (VAWA) TENANT NOTICE

### IMPORTANT NOTICE CONCERNING HOUSING CHOICE VOUCHER PROGRAM PARTICIPANT RIGHTS AND OBLIGATIONS AS THEY RELATE TO THE VIOLENCE AGAINST WOMEN ACT

In 2013, a law known as the Violence Against Women Act or "VAWA" was reauthorized by Congress. VAWA 2013 provides new protections for victims of domestic violence, dating violence, stalking and sexual assault to applicants of assisted housing, residents of Public Housing and those participating in the Housing Choice Voucher Program.

#### You should know that:

**1. Admissions:** If an applicant is or has been the victim of domestic violence, dating violence, stalking or sexual assault (PHA's Administrative Plan contains the VAWA policies and definitions and is available upon request), this is not an appropriate basis on which to deny program assistance or to deny admission if the applicant otherwise qualifies for assistance or admission.

#### 2. Lease terms:

- An incident or incidents of actual or threatened domestic violence, dating violence, stalking or sexual assault will not be considered to be a "serious or repeated" violation of the lease by the victim or threatened victim of that violence and shall not be good cause for terminating the assistance, tenancy or occupancy rights of the victim of that violence.
- Additionally, your tenancy, assistance or occupancy rights will not be terminated as a result of criminal activity, if that criminal activity is directly related to domestic violence, dating violence, stalking or sexual assault engaged in by a member of your household, a guest or another person under your control, and you or an affiliated individual are the victim.

#### However there are some limitations to these protections:

- Your tenancy and/or assistance *may be* terminated if the owner, manager, or housing authority can demonstrate "an actual and imminent threat" to other tenants or to persons employed at or providing services to the development.
- If you claim protection under VAWA against termination of your tenancy or assistance, the owner, manager, or housing authority may require you to provide documentation of your domestic violence, dating violence, stalking or sexual assault. You must provide this documentation within 14 business days of your owner, manager or other PHA administrator requesting it. The documentation must address the incident or incidents that you believe raises VAWA protections.

**3. Certification:** For certification of a claim, you may provide the attached PHA approved Certification of Domestic Violence, Dating Violence, Stalking or Sexual Assault. Instead of the PHA-approved form, PHA will also accept either a police report or court record, or documentation signed by you and an employee or representative of victim services or social services provider, school personnel, an attorney, or licensed medical professional, from whom the victim has sought assistance in addressing domestic violence, dating violence, stalking, or sexual assault, in which the applicant/tenant attests under penalty of perjury under 28 U.S.C. 1746 that the applicant/tenant believes that the incident(s) is grounds for protection under VAWA. You must deliver the certification within 14 business days after your owner, manager or other housing representative's oral or written request for certification or you may not be able to claim protection under VAWA.

**4. Confidentiality:** Information provided by you about an incident or incidents of domestic violence, dating violence, stalking or sexual involving you, a member of your household or affiliated individual must be held by the owner, manager, and/or PHA in confidence and not shared without your consent, except that this information may be disclosed in an eviction proceeding or otherwise as necessary to meet the requirements of law.

**5. Removal of/Termination of Assistance to Perpetrator of Physical Violence:** An owner or manager may terminate the tenancy of and evict a tenant or other lawful occupant, and/or PHA may terminate assistance to a participant in Housing Choice Voucher Program, who engages in criminal acts of physical violence against family members or others. This action may be taken against the individual alone, without evicting, terminating the tenancy of, removing, denying assistance to, or otherwise penalizing other household members.

**6. Moving to Another Location.** If you reasonably believe you must relocate to protect a member of your household from an imminent threat of harm by domestic violence, dating violence, stalking or sexual assault, PHA may issue you a voucher to permit you to move (port) to another location. PHA may request the certification described above before allowing the move or issuing the voucher.

**7. For Additional Information: Please call 215-684-4300.**

**I HAVE READ AND DO UNDERSTAND THIS INFORMATION**

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

# INCOME VERIFICATION

## Child Support Income



To:  
 Philadelphia Family Court  
 34 S. 11<sup>th</sup> Street  
 Philadelphia, PA 19107

The Philadelphia Housing Authority is required to verify the incomes, expenses, and other information of applicants/participants for eligibility and continued occupancy. Please assist us by filling out the following form and promptly returning it.

Client Name:		Client Number:	
Client SSN:		Unit Number:	
Address:			
	<small>City</small>	<small>State</small>	<small>Zip Code</small>

The client has authorized us to request the following information. Please refer to the attached authorization forms.

### TO BE COMPLETED BY CHILD SUPPORT PROVIDER

1. Number of children for whom child support is paid:	
2. Name of children for whom child support is paid:	
3. Amount of child support paid: \$	Per: <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year (Check One)

**I certify that the above information is true and correct:**

Name:	Address:
Telephone:	
Signature:	Date:

**WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within.**

For PHA Use Only:	
Date of Request:	





## FINANCIAL HARDSHIP WORKSHEET

The Philadelphia Housing Authority (PHA) requires that a Financial Hardship Worksheet be completed at any time a family requests a financial hardship from minimum rent and at each certification when a family claims zero income. The information on the Worksheet will assist PHA in making a determination for a qualifying financial hardship as well as assisting PHA in processing a zero income certification.

### TO BE COMPLETED BY HEAD OF HOUSEHOLD

Head of Household Name \_\_\_\_\_

Client ID Number \_\_\_\_\_

1. At the present time, do you or any member have income from any source?  Yes  No

If you answered yes, you must list the income source and amount: \_\_\_\_\_

2. When was the last time you had any source of income? \_\_\_\_\_

3. What was the source of that income? \_\_\_\_\_

4. Do you receive cash assistance to pay for your utility bills?  Yes  No

If you answered yes, you must indicate the source, amount received and the frequency.

\_\_\_\_\_

5. Do you receive cash assistance to pay for groceries, cable, phone, car or any other expenses?

Yes  No

If you answered yes, you must indicate the amount received and the frequency?

\_\_\_\_\_

6. How will you pay for rent and utilities? \_\_\_\_\_

7. How will you pay for food and clothing? \_\_\_\_\_

8. How will you pay for medical expenses? \_\_\_\_\_

9. How will you pay for your transportation expenses? \_\_\_\_\_

I certify that the above information is accurate and complete. Further I certify that I am presently unemployed and do not receive any income from sources such as unemployment, public assistance (TANF), alimony, child support, Social Security, pension or annuity, military pay, disability, assets, veteran's benefits, government grants, savings accounts, trust funds, gifts, contributions from individuals outside of the household etc. I understand that false statements or information are punishable by Federal Law. I also understand that false statements or information are grounds for termination of housing assistance with the Philadelphia Housing Authority.

Tenant Signature \_\_\_\_\_

Date \_\_\_\_\_



2013 RIDGE AVE  
PHILADELPHIA, PA 19121  
215.684.4000  
PHA.PHILA.GOV

### INTERDEPENDENT RELATIONSHIP/DOMESTIC PARTNERSHIP

A family may include two or more individuals who are not related by blood, marriage, adoption, or other operation of law. Philadelphia Housing Authority (PHA) recognizes that a variety of relationships exist, which are not necessarily relationships of ancestry or marriage. Each family must identify the individuals to be included in the family composition and must update this information if the family's composition changes. The term family prohibits the exclusion of otherwise qualified persons who may identify as Lesbian, Gay, Bi- or Transsexual (LGBT) individuals who have an LGBT relationship or who may be perceived as such. Applicants and participants of PHAs Housing Choice Voucher (HCV) Program who claim to have an interdependent relationship or domestic partnership and wish to add the partner to their family composition must provide a certification and verification of their claimed status. Please note that adult members, who are spouses or domestic partners, or in an interdependent relationship will be required to share a bedroom.

Head of Household Name: \_\_\_\_\_ Applicant/Participant ID No.: \_\_\_\_\_

Names of individuals who claim to have an interdependent relationship or domestic partnership:

Name of Household Member in Interdependent Relationship/Domestic Partnership (may be the head of household):

\_\_\_\_\_

Name of Other Household Member in the Interdependent Relationship:

\_\_\_\_\_

**General Conditions:** To claim an interdependent relationship or domestic partnership, individuals must certify that each individual's income and other resources will be available to meet the needs of the family and that the family otherwise comprises a "housekeeping unit," meaning the individuals share expenses, household chores, household shopping responsibilities, and other common household activities." An interdependent relationship or domestic partnership may exist regardless of the actual or perceived sexual orientation, gender identity, or marital status. If you are an individual certifying as having an interdependent relationship or domestic partnership with another PHA HCV participant, the items outlined below are examples of indicators to confirm the existence of an interdependent relationship or domestic partnership:

- Joint bank accounts
- Shared apartment lease or mortgage
- Joint credit card(s)
- Health care proxy for one another
- Joint utility bills
- Joint car lease or car title

We, the undersigned, certify that the information given to the PHA is accurate and complete to the best of our knowledge and belief. We understand that false statements or information are punishable by Federal Law. We also understand that false statements or information are grounds for termination of housing assistance. Title 18 Section 1001 of the United States Code, states that a person who knowingly and willingly makes false fraudulent statements to any department or agency of the United States Government is guilty of a felony.

\_\_\_\_\_  
Signature of Relationship Member #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Relationship Member #2

\_\_\_\_\_  
Date

\_\_\_\_\_  
PHA Staff Signature

\_\_\_\_\_  
Date

Approved  Denied

\_\_\_\_\_  
Team Lead Signature

\_\_\_\_\_  
Date

Reason for denial: \_\_\_\_\_

**WARNING! Title 18, Section 1001 of the United States Code, states that a person which knowingly and willingly makes false fraudulent statements to any department or agency of the United States Governments is guilty of a felony.**