



John A. Carey  
Inspector General

OFFICE OF INSPECTOR GENERAL  
PALM BEACH COUNTY



Inspector General  
Accredited

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*“Enhancing Public Trust in Government”*

**Redacted per §119.071(5)(b) and (5)(f)1  
F.S., and 15 U.S.C. §9058a(4)(A)**

# Investigative Report

## 2022-0015

# False Information on Palm Beach County CARES Act and Emergency Rental Assistance Program West Palm Beach Applications

## September 25, 2023



John A. Carey  
Inspector General

# OFFICE OF INSPECTOR GENERAL PALM BEACH COUNTY

## INVESTIGATIVE REPORT 2022-0015



Inspector General  
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DATE ISSUED: SEPTEMBER 25, 2023

*"Enhancing Public Trust in Government"*

## FALSE INFORMATION ON PALM BEACH COUNTY CARES ACT AND EMERGENCY RENTAL ASSISTANCE PROGRAM WEST PALM BEACH

### SUMMARY

#### WHAT WE DID

The Palm Beach County (County) Office of Inspector General (OIG) received a complaint from the Palm Beach County Community Services Department (Community Services) concerning [REDACTED] (Applicant 1)'s applications to the County Coronavirus Aid, Relief and Economic Security (CARES) Act – Coronavirus Relief Fund Rental, Utilities, and Food Assistance Program and Emergency Rental Assistance Program.

Community Services alleged that employment documentation Applicant 1 submitted with his first application (No. 39975) was false, which resulted in his landlord inappropriately receiving \$9,800.00. In addition, Applicant 1 submitted a second application (No. 81565) that also allegedly contained false information. Community Services denied the second application.

During our review of Applicant 1's applications, we noted similar irregularities in applications from [REDACTED] (Applicant 2), a tenant in Applicant 1's building. We

determined that such similarities warranted further review.

Based upon our initial review of Applicant 1's and Applicant 2's applications and accompanying documents, the OIG initiated an investigation of the following allegations:

**Allegation (1):** Applicant 1 provided false information to the County in his assistance applications, which resulted in improper grant funding from County programs.

**Allegation (2):** Applicant 2 provided false information to the County, which resulted in improper grant funding from County programs.

Our office reviewed Applicant 1's and Applicant 2's assistance applications, supporting documents, and the funding programs' guidelines. We also interviewed their landlord, their purported employer, attempted to interview Applicant 1, and interviewed Applicant 2 in response to our Draft Report in this matter.<sup>1</sup>

<sup>1</sup> Prior to issuance of OIG Final Reports, investigative subjects are given a copy of our Draft Report for response within ten days. Upon receipt of the Draft Report, Applicant 2 contacted the OIG and thereafter was interviewed. That response is summarized in the "Response from Applicant 2" section of this Final Report.

## WHAT WE FOUND

**Allegation (1) is supported.** We found that Applicant 1 submitted falsified documents to the County in support of his assistance applications.

As a result of his actions, the County approved his first application and issued a total of \$10,700.00<sup>2</sup> in funding for rental and food assistance. The inappropriate payments resulted in Identified Costs<sup>3</sup> of **\$10,700.00**.

**Allegation (2) is supported.** We found that Applicant 2 submitted falsified documents to the County in support of her assistance applications.

As a result of her actions, the County approved her applications and issued a total of \$27,802.60<sup>4</sup> in funding for rental, food, and utility assistance. Those

inappropriate payments resulted in Identified Costs of **\$27,802.60**.

We found sufficient information to warrant referring our findings to law enforcement (with notification to the State Attorney's Office) for a determination of whether the facts arise to a criminal act under section 817.03, Florida Statutes.

We also found sufficient information to warrant notification of our findings to the United States Attorney's Office for a determination of whether they constitute a violation of Title 18, Chapter 47, section 1001, United States Criminal Code.

## WHAT WE RECOMMEND

We make one recommendation; that the County seek total reimbursement of **\$38,502.60** in issued funds; \$10,700.00 from Applicant 1 and \$27,802.60 from Applicant 2.

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<sup>2</sup> In addition to the \$9,800.00 for rental assistance, Applicant 1 also requested food assistance. The County approved and issued \$900.00 in food assistance based on Applicant 1's application number 39975.

<sup>3</sup> Identified costs are costs that have been identified as dollars that have the potential of being returned to the entity to offset the taxpayers' burden.

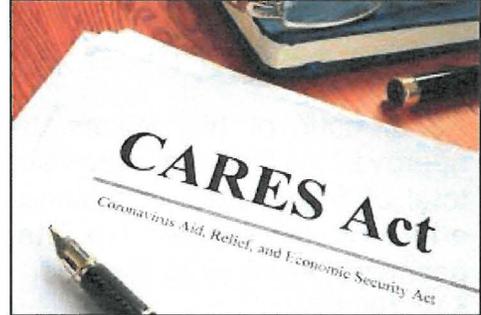
<sup>4</sup> In addition to \$26,460.00 in rental assistance, Applicant 2 also requested food and electric assistance. The County approved and issued \$442.60 to Florida Power and Light and \$900.00 in food assistance to Applicant 2.

## BACKGROUND

### The CARES Act

On March 1, 2020, Florida Governor Ron DeSantis directed the State Health Officer to issue a public health emergency in the State of Florida due to the COVID-19 pandemic. On March 13, 2020, then-Palm Beach County Mayor Dave Kerner declared a state of emergency in the County due to COVID-19.

On March 27, 2020, the President signed the CARES Act into law. The CARES Act allocated \$2.2 trillion in economic relief to individuals, businesses, and governments affected by COVID-19. State governments were allocated a total of \$139 billion based on their populations (as measured by the U.S. Census Bureau in 2019), with no state receiving less than \$1.25 billion. Florida received a total of \$8.328 billion, with \$261,174,832 of that total provided to Palm Beach County.



On May 15, 2020, the Palm Beach County Board of County Commissioners dedicated \$40 million of the approximately \$261 million allocated to it for "Emergency Mortgage, Rental and Utility Assistance." Community Services administrated the Rental Assistance portion of this funding.

### CARES Act Coronavirus Relief Fund Rental, Utilities, and Food Assistance Program Guidelines

The CARES Act- Coronavirus Relief Fund Rental, Utilities, and Food Assistance Program was designed to utilize CARES Act funds to provide one-time rental, food, and/or utility assistance to eligible County residents who experienced loss of income, reduction in hours, or unemployment as a direct result of the COVID-19 pandemic. The Community Services website explained that in order to be eligible for the program, the applicant must reside within the corporate limits of Palm Beach County and have documentable information to evidence loss of income, reduction in hours, or unemployment because of the COVID-19 pandemic that contributed to missed rental payments and/or utility payments. Eligibility guidelines on the website also listed the income and asset requirements to qualify for the program. Assistance was provided for past due rent and/or utilities due from March 1, 2020 to December 31, 2020.

### Emergency Rental Assistance Program

On March 9, 2021, under the authority of the U.S. Department of Treasury Emergency Rental Assistance (ERA) Program 1 (as established by the Consolidated Appropriations Act, 2021) and 2 (as established by section 3201 of the American Rescue Plan Act of 2021), the Palm Beach County Board of County Commissioners (BCC) approved ERA-1 funding to assist Palm Beach County residents affected by COVID-19 with rental and

utility assistance. On August 17th, 2021, the BCC approved ERA-2 funding for the same purpose.

Eligible Palm Beach County households are renter households in which one or more individual(s) meets all of the following criteria:

- For ERA-1, qualifies for unemployment or experienced a reduction of household income, incurred significant costs, or experienced other financial hardships **due to** COVID-19 (either directly or indirectly), or for ERA-2, qualifies for unemployment or experienced other financial hardships **during or due to** (either directly or indirectly) COVID-19;
- Demonstrates a risk of homelessness or housing instability; and
- Has a household income at or below 80% of the area median.

### Rental Assistance Applications

The County accepted online applications electronically on the Community Services Online System for Community Access to Resources and Social Services (OSCARSS). OSCARSS required applicants to upload certain supporting documentation, including identification, a rental lease agreement, and a Balance Statement from the landlord. The Balance Statement was to be completed by the applicant's landlord or property manager, and was to reflect the amount of rent owed by the applicant.



The form of the application differed slightly throughout the program, but each included eligibility questions and acknowledgements. Applicants were required to affirm these statements by digitally checking a box next to each one.

Applicant 1 submitted two applications (Nos. 39975 and 81565) and Applicant 2 submitted four applications (Nos. 30868, 44079, 71367, and 98158), each with the following Acknowledgment section:

- I further certify that I have read<sup>5</sup> the above information and, to the best of my knowledge and belief, the information is accurate and has been properly recorded. Additionally, I understand that I am responsible for the accuracy of the information provided and that said information will be used as a basis for determining my eligibility for services. **I also understand that any falsification or misrepresentation of this information is just cause for denial of services and prosecution for fraud.** [Emphasis added]

The final page of the application required the applicant's name and submission date.

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<sup>5</sup> In the version of this acknowledgment for applications 39975, 30868, and 44079 there was a comma after the word "read." The wording in this acknowledgment was identical for all applications.

Community Services assigned applications it received to a Community Services reviewer. The reviewer checked to ensure the application submitted included all required information and that there were no discrepancies within the documents. If information was missing, or if information in submitted documents was inconsistent, the reviewer would return the application to the applicant, noting what was missing or inconsistent. Returning an application removed the checks in the boxes next to the acknowledgements and removed the name from the signature line. The applicant had to re-check the acknowledgements and re-type the name on the signature line before re-submitting it with all required information. If the applicant met the income guidelines, submitted required documentation, and the applicant's landlord had registered or was in the process of registering with the County as a vendor, the reviewer would send the application to a supervisor for review.

Then, applications were sent to Community Services fiscal personnel. Upon the approval of an application for rental assistance, the County sent notice of approval and a request for payment to the County Clerk & Comptroller's Office for payment processing.

### Property Appraiser's Records for [REDACTED], West Palm Beach, FL

Applicant 1 listed his address as [REDACTED] West Palm Beach, Florida in application No. 39975 and as [REDACTED] West Palm Beach, Florida in application No. 81565. The applications submitted on Applicant 2's behalf listed her address as [REDACTED] West Palm Beach, Florida in applications No. 30868 and 44079; as [REDACTED] West Palm Beach, Florida in application No. 71367; and as [REDACTED] West Palm Beach, Florida in application No. 98158. Applicant 1 and Applicant 2 list [REDACTED] (Landlord) as their landlord in each of their applications.

The Palm Beach County Property Appraiser's online database shows that Ocean View Pressure Cleaning and Painting Inc. was the owner of the property at the time they submitted their applications. [REDACTED]

## ALLEGATIONS AND FINDINGS

### Allegation (1):

***Applicant 1 provided false information to the County in his assistance applications, which resulted in improper grant funding from County programs.***

### Governing Directives:

Palm Beach County CARES Act- Coronavirus Relief Fund Rental, Utilities, and Food Assistance Program application and program guidelines; Palm Beach County Emergency Rental Assistance Program application and program guidelines.

### Finding:

The information obtained **supports** the allegation.

Applicant 1 submitted the following grant applications under the County’s CARES Act and ERA Programs:

Application No.	Date of Initial Application	Date of County Payment	Type of Assistance	Amount Paid	Approved
39975	11/19/2020	1/6/2021	Rental	\$9,800.00	Yes
		12/28/2020	Food	\$900.00	Yes
81565	7/8/2021	N/A	Rental	N/A	No
<b>Total</b>				<b>\$10,700.00</b>	

**Rental and Food Assistance Application 39975**

County records show Applicant 1 initially electronically signed and submitted assistance application number 39975 to the County on November 19, 2020. The County returned the application to Applicant 1 on November 20, 2020 and November 25, 2020, requesting additional information, including proof of income prior to COVID. Applicant 1 resubmitted the application on November 24, 2020 and December 20, 2020.

Applicant 1 listed his address as [REDACTED] and his landlord as Landlord. He listed his monthly rent amount as \$1,400.00, and requested rental assistance of \$9,800.00, for the period beginning June 5 until December 5, 2020, as well as food assistance. The County processed the application on December 21, 2020.

Additional Questions - Rental Assistance	
What is the Rent Due Date? *	11/01/2020
What is your Landlord's Name? *	[REDACTED]
What is your Landlord's Address? *	[REDACTED]
What is your Landlord's Email Address? *	[REDACTED]
What is your Landlord's Phone Number? *	[REDACTED]
What is your Monthly Rent Amount? *	\$1,400.00

Applicant 1 attested in the Acknowledgements section of the application that he was applying for Emergency Assistance due to Covid-19 Crisis and that the application was the result of a temporary Loss of Income due to the Covid-19 outbreak.

Acknowledgements	
<input checked="" type="checkbox"/>	I understand that I am applying for Emergency Assistance due to Covid-19 Crisis.
<input checked="" type="checkbox"/>	This application is a result of a Temporary Loss of Income due to the current Corona-virus (COVID-19) outbreak.
<input checked="" type="checkbox"/>	I understand that this is a ONE TIME ASSISTANCE (Apply only once for one or more of these Services).
<input checked="" type="checkbox"/>	I also understand that this assistance only covers Past Due Expenses, no Future Expenses.
<input checked="" type="checkbox"/>	I must have been employed prior to the COVID-19 Crisis, and must have experienced a reduction of hours or a loss of employment.

In the Declaration of Crisis section of the application, he wrote, "My job closed to to [sic] cov-19 and haven not reopen since."

**Declaration of Crisis** (Please Explain the reason for your Crisis Situation below): \*

My job closed to to cov-19 and haven not reopen since

Applicant 1 certified that all documents he provided were accurate when he electronically signed, submitted, and resubmitted his application.

### Employer Letter Submitted with Application 39975

As proof of COVID-19 Crisis, Applicant 1 submitted with this application an unsigned letter dated July 7, 2020, purporting to be from his employer and displaying a logo that appeared to show "Academy Health". The letter was addressed "Dear staff members" and had "IVETT DIAZ Director of Human Resources" typed in the signature block. The letter stated, in part, "It is with a heavy heart that we inform you all that it has become necessary for the company to close its doors permanently."

  
525 10<sup>th</sup> Street, Suite 503, Lake Park, FL 33403  
(561) 444-2001 EXT: 504

July 7, 2020

Dear staff members,  
Due to unforeseen circumstances the business has been impacted significantly, and as a result, we find that we must make some difficult personnel decisions.

It is with a heavy heart that we inform you all that it has become necessary for the company to close its doors permanently.

We will communicate with you regularly during this period. If your personal phone number, email or mailing address has changed recently, please provide your current contact information immediately for payroll and tax purposes.

If you have any further questions about your rights and layoff benefits, please get in contact with me as soon as possible.

You may be eligible for unemployment benefits under these circumstances. Contact your local unemployment office for information on eligibility and applying for unemployment benefits. Present this letter to your local unemployment office as evidence of your employment status.

Thank you for your continued hard work and contributions to the company. We wish you all well in your future endeavors.

Sincerely,

**IVETT DIAZ**  
Director of Human Resources

Earnings Statement Submitted with Application 39975

Applicant 1 submitted an earnings statement displaying a payment date of June 12, 2020 with application 39975. The statement purported his employer to be Academy Health Solutions LLC, and reflected Applicant 1's address as [REDACTED], West Palm Beach, FL.

<b>Company Code</b> K17HC723398471 Academy Health Solutions LLC 525 10th St Suite 503 West Palm Beach, FL 33403		<b>Loc/Dept</b> 01/3		<b>Number</b> 2853735		<b>Page</b> 1 of 1		<b>Earnings Statement</b>																																															
Taxable Filing Status: Single Exemptions/Allowances: Federal: Std W/H Table State: 0 Local: 0 Social Security Number: XXX-XX-XXXX		Tax Override: Federal: 0.00 Adnl State: Local:		Period Starting: 05/24/2020 Period Ending: 06/06/2020 Pay Date: 06/12/2020		[REDACTED] 33401																																																	
<table border="1"> <thead> <tr> <th>Earnings</th> <th>rate</th> <th>hours/units</th> <th>this period</th> <th>year to date</th> </tr> </thead> <tbody> <tr> <td>Regular</td> <td>17.00</td> <td>70.95</td> <td>1135.20</td> <td>11022.08</td> </tr> <tr> <td>Overtime</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td>106.02</td> </tr> <tr> <td>Misc pay</td> <td></td> <td></td> <td>0.00</td> <td>500.00</td> </tr> <tr> <td>Bereavement</td> <td></td> <td></td> <td></td> <td>10.00</td> </tr> <tr> <td><b>Gross Pay</b></td> <td></td> <td></td> <td><b>\$1135.20</b></td> <td><b>\$11,638.02</b></td> </tr> </tbody> </table>				Earnings	rate	hours/units	this period	year to date	Regular	17.00	70.95	1135.20	11022.08	Overtime	0.00	0.00	0.00	106.02	Misc pay			0.00	500.00	Bereavement				10.00	<b>Gross Pay</b>			<b>\$1135.20</b>	<b>\$11,638.02</b>	<table border="1"> <thead> <tr> <th>Other Benefits and Information</th> <th>this period</th> <th>year to date</th> </tr> </thead> <tbody> <tr> <td>Total Hours Worked</td> <td>70.95</td> <td>11022.08</td> </tr> </tbody> </table>				Other Benefits and Information	this period	year to date	Total Hours Worked	70.95	11022.08	<table border="1"> <thead> <tr> <th>Deposits</th> <th>account number</th> <th>transit/ABA</th> <th>amount</th> </tr> </thead> <tbody> <tr> <td></td> <td>XXXXXX6782</td> <td>XXXXXXXX</td> <td>956.52</td> </tr> </tbody> </table>				Deposits	account number	transit/ABA	amount		XXXXXX6782	XXXXXXXX	956.52
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County Assistance Payments for Application 39975

BOARD OF COUNTY COMMISSIONERS PALM BEACH COUNTY WEST PALM BEACH, FLORIDA		64-975/612 WELLS FARGO BANK, N.A.		CHECK NO. 00003222398 DATE 01/06/2021	
PAY TO THE ORDER OF [REDACTED]		AMOUNT \$*****9,800.00		1378967	
THIS DOCUMENT IS PRINTED IN TWO COLORS. DO NOT ACCEPT UNLESS BLUE AND BLACK ARE PRESENT. PADLOCK LIST SECURITY FEATURES ON BACK.					
[REDACTED] 582211					
[REDACTED]					

On January 6, 2021, the County issued check number 00003222398 in the amount of \$9,800.00, including fees, payable to Landlord for rental assistance. In addition, County

records show a payment to Applicant 1 for food assistance on December 28, 2020, in the amount of \$900.00 as a result of this application.

### Rental Assistance Application 81565

County records show Applicant 1 initially electronically signed and submitted assistance application number 81565 on July 8, 2021. He listed his address as [REDACTED] West Palm Beach, FL 33401, and his landlord as Landlord. Applicant 1 requested rental assistance for March through September 2021, and listed his monthly rent amount as \$1,300.00.

Additional Questions - Rental Assistance	
What is your Landlord's Name?	[REDACTED]
What is your Landlord's Address?	[REDACTED]
What is your Landlord's Email Address?	[REDACTED]
What is your Landlord's Phone Number?	[REDACTED]
What is your Monthly Rent Amount?	\$1,300.00

Applicant 1 attested that his crisis was COVID-19 related. In the Declaration of Crisis section of the application he wrote, "I have lost my job due to covid .looking for a new job."

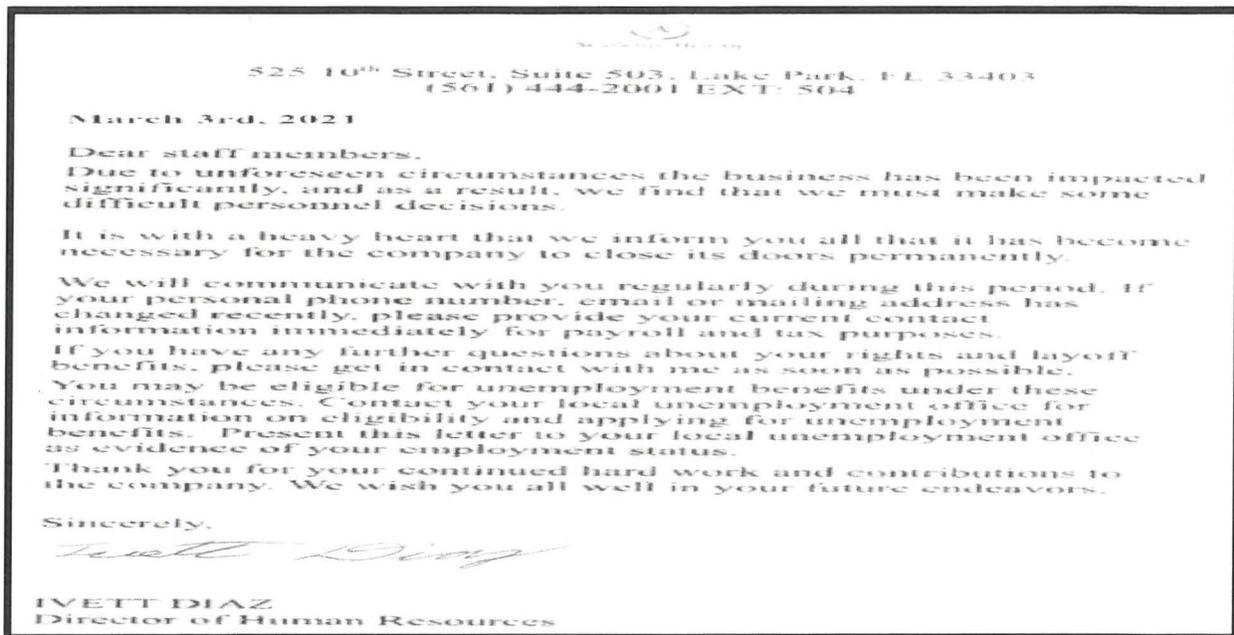
Declaration of Crisis (Please Explain the reason for your Crisis Situation below):
I have lost my job due to covid .looking for a new job

Applicant 1 attested in the Acknowledgements section of the application that he understood that the application would be denied if he did not submit required information and authorized the County to obtain records pertaining to his employment status.

<input checked="" type="checkbox"/>	I understand that this application will be denied if I do not submit all required documentation.
<input checked="" type="checkbox"/>	I certify I have not received benefits for the same services and same time periods from any other funding sources or other entities.
<input checked="" type="checkbox"/>	I further certify that I have read the above information and, to the best of my knowledge and belief, the information is accurate and has been properly recorded. Additionally, I understand that I am responsible for the accuracy of the information provided and that said information will be used as a basis for determining my eligibility for services. I also understand that any falsification or misrepresentation of this information is just cause for denial of services and prosecution for fraud.
<input checked="" type="checkbox"/>	I attest that the answers on this form are true and reflect my current finances and household information. I understand that a material misstatement fraudulently or negligently made in this form or any other statement made by me (us) in connection with an application may constitute a federal violation punishable by a fine and/or denial of my (our) application for assistance, and/or penalties including disqualification from future Palm Beach County assistance benefits, or, if funds have been released prior to discovery of the false statement, immediate recalling of the assistance, which may be in addition to any criminal penalty imposed by law. I authorize the County to obtain records of information pertaining to my financial or employment status from any source in order to verify the information provided by me.

### Employer Letter Submitted with Application 81565

Applicant 1 submitted what appeared to be the same letter purporting to be from his employer that he submitted with his first application. However, this letter was dated March 3, 2021 and showed a signature for Ivett Diaz.



### Earnings Statements Submitted with Application 81565

Applicant 1 submitted nine earnings statements purportedly from Academy Health Solutions, LLC in support of application 81565. Each statement was for one week's employment; one of them was for the week beginning March 23, 2020, and the rest for the time period from January 4, 2021 through February 26, 2021. The documents showed Applicant 1's address as [REDACTED] West Palm Beach, FL.

Applicant 1 certified that all documents he provided were accurate and true when he electronically signed, submitted, and resubmitted his application.

The County returned the application to Applicant 1 on nine occasions and requested additional information. Applicant 1 resubmitted the application each time. Ultimately, the County denied the application on October 23, 2021, stating "This application is denied, as we are unable to verify the documents provided..."

### OIG Interview of then-Academy Health Solutions Human Resources Director Ivett Diaz

Ms. Diaz stated that she worked for Academy Health Solutions (AHS) as Human Resources Director from 2016 to 2020, when the company was closed down by the State

of Florida as a result of an investigation. Ms. Diaz told the OIG that on the last day the company operated, she provided each employee with a letter dated July 7, 2020, with her signature, explaining that it had become necessary for the company to close its doors permanently.

Ms. Diaz told the OIG the letter that Applicant 1 submitted with application 39975 appeared to reflect the verbiage in the body of the letter she distributed to employees. However, the unsigned letter submitted with application No. 39975 was not a true copy of that letter because her signature was missing. The letter dated March 3, 2021 also reflected the verbiage in the body of the letter she distributed to employees. However, the letter was not a true copy because the date had been changed and the signature on the letter was not hers.

*More importantly, Ms. Diaz said **Applicant 1 had never been an employee of AHS**; thus, she had not provided a letter to him announcing the closing of the company.*

### **OIG Interview of Applicant 1**

The OIG contacted Applicant 1 and informed him our office wished to interview him about his rent and food assistance applications. He acknowledged that he submitted applications and agreed to be interviewed to discuss them. However, he did not appear for the scheduled interview, nor did he respond to subsequent attempts by the OIG to reschedule the interview.

### **OIG Interview of Landlord**

Landlord confirmed receiving rental assistance from the County for Applicant 1. The landlord recalled completing documents from the County to receive the assistance, but did not recall how much money was received. The OIG made multiple attempts to conduct an in-depth interview with Landlord and his wife, [REDACTED]. Landlord and [REDACTED] either rejected or cancelled those scheduled interviews.

### **Conclusion**

Applicant 1 admitted to the OIG that he submitted assistance applications to the County. He attested when he submitted those applications that the information he provided was accurate and true. Based upon our interview with a representative of Applicant 1's purported employer wherein she stated that he never worked for the company, we find that the paystubs and employment letters Applicant 1 submitted to the County in support of his applications were fabricated.

As a result of the false information in Applicant 1's first application, the County issued a \$9,800.00 check to his landlord and \$900 in food assistance to Applicant 1. Subsequently, Applicant 1 tried to obtain an additional \$9,310.00 in rental assistance by providing false information in his second application, but the County denied that application.

Consequently, the allegation that Applicant 1 provided false information in his rental assistance applications is **supported**.

#### Allegation (2):

***Applicant 2 provided false information to the County, which resulted in improper grant funding from County programs.***

#### Governing Directives:

Palm Beach County CARES Act- Coronavirus Relief Fund Rental, Utilities, and Food Assistance Program application and program guidelines; Palm Beach County Emergency Rental Assistance Program application and program guidelines.

#### Finding:

The information obtained **supports** the allegation.

Grant applications were submitted on behalf of Applicant 2 under the County's CARES Act and ERA Programs, as follows:

Application No.	Date of Initial Application	Date of County Payment	Type of Assistance	Amount Paid	Approved
30868	8/30/2020	10/13/2020	Rental	\$5,280.00	Yes
		10/6/2020	Food	\$900.00	Yes
44079	11/16/2020	11/25/2020	Rental	\$4,720.00	Yes
		11/25/2020	Electric	\$249.25	Yes
71367	6/25/2021	8/3/2021	Rental	\$9,700.00	Yes
98158	11/16/2021	11/24/2021	Rental	\$6,760.00	Yes
		11/23/2021	Electric	\$193.35	Yes
<b>Total</b>				<b>\$27,802.60</b>	

#### Rental and Food Assistance Application 30868

County records show Applicant 2's application number 30868 was initially electronically signed and submitted to the County on August 30, 2020. The application included Applicant 2's accurate social security number and date of birth, and Applicant 2's cellular telephone number and email address as confirmed through other record searches by the OIG. The County returned the application on September 11, 2020 requesting additional documentation, including proof of income prior to COVID-19. The application was resubmitted on September 17, 2020.

The application listed [REDACTED] West Palm Beach, FL as the rental address, Landlord as the landlord, and the monthly rent payment as \$1,200.00. The application also included a request for food assistance.

Services Requested	
<input checked="" type="checkbox"/>	Rental Payment
<input checked="" type="checkbox"/>	Food
Additional Questions - Rental Assistance	
What is the Rent Due Date?	06/01/2020
What is your Landlord's Name?	[REDACTED]
What is your Landlord's Address?	[REDACTED]
What is your Landlord's Email Address?	[REDACTED]
What is your Landlord's Phone Number?	[REDACTED]
What is your Monthly Rent Amount?	\$1,200.00
Are you currently receiving section 8 or any federal housing subsidies?	No
Did you receive a Rental Late or Eviction Notice?	Yes
Have you received an eviction notice (issued after 3/15/2020) caused by the COVID-19 pandemic?	No
What is the Rental Past Due Start Date?	05/01/2020
What is the Rental Past Due End Date?	08/26/2020
What is the Rental Past Due Amount Requested?	\$4,800.00

The Acknowledgements section of the application reflected acknowledgement that the application was the result of a Temporary Loss of Income due to the COVID-19 outbreak.

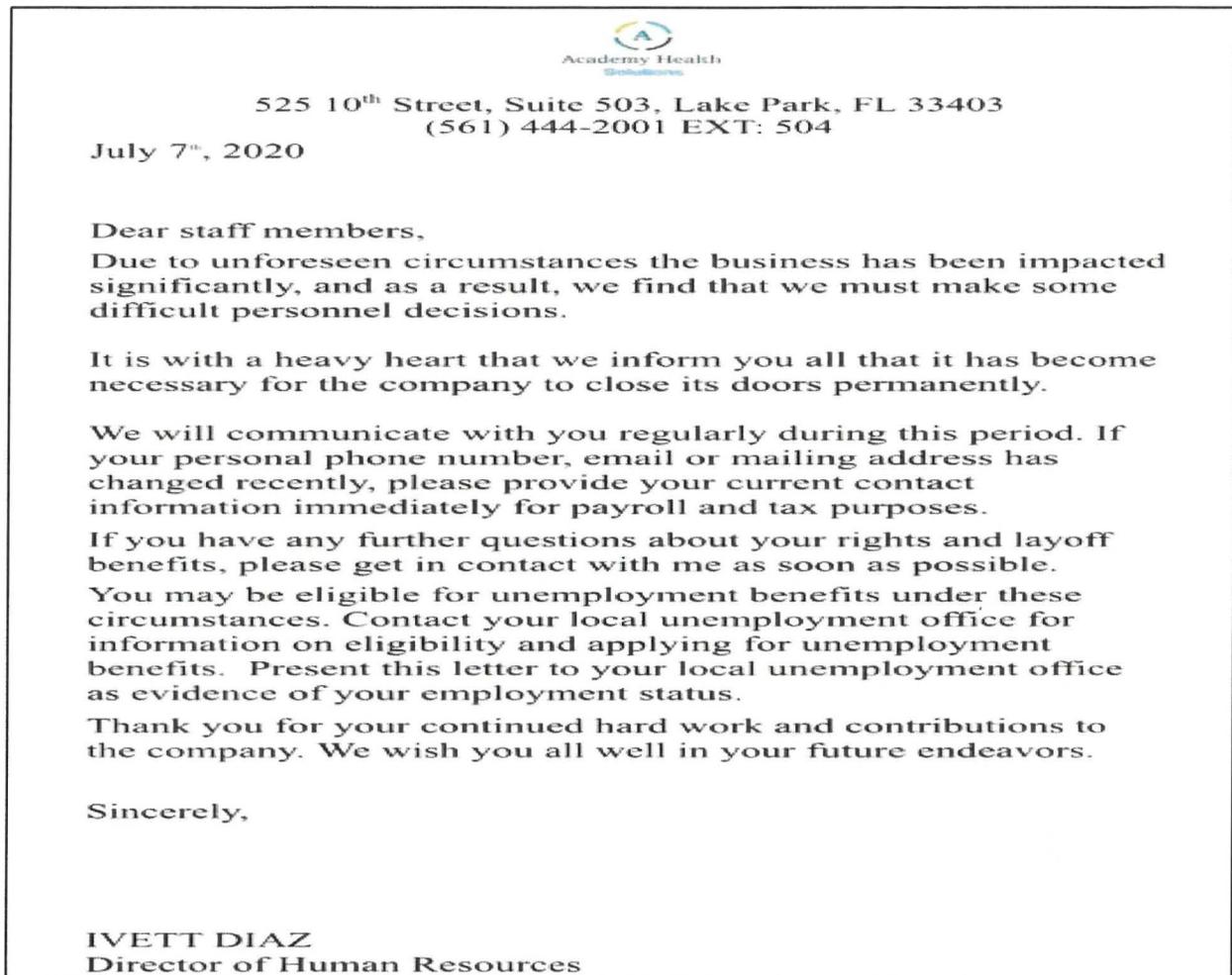
Acknowledgements	
<input checked="" type="checkbox"/>	I understand that I am applying for Emergency Assistance due to Covid-19 Crisis.
<input checked="" type="checkbox"/>	This application is a result of a Temporary Loss of Income due to the current Corona-virus (COVID-19) outbreak.
<input checked="" type="checkbox"/>	I understand that this is a ONE TIME ASSISTANCE (Apply only once for one or more of these Services).
<input checked="" type="checkbox"/>	I also understand that this assistance only covers Past Due Expenses, no Future Expenses.
<input checked="" type="checkbox"/>	I must have been employed prior to the COVID-19 Crisis, and must have experienced a reduction of hours or a loss of employment.

Applicant 2's application attested that her crisis was COVID-19 related. In the Declaration of Crisis section of the application, it stated, "Prior to covid 19 I was cut back on a lot of hours from my job then week later (sic) my job was closed down by the Federal Marshals for illegal business and ever since then I have been unemployed and looking for work."

Declaration of Crisis (Please Explain the reason for your Crisis Situation below):
Prior to covid 19 I was cut back on a lot of hours from my job then week later my job was closed down by the Federal Marshals for illegal business and ever since then I have been unemployed and looking for work

### Employer Letter Submitted with Application 30868

As proof of COVID-19 Crisis, Applicant 2 included a letter dated July 7, 2020, purporting to be from her employer and displaying a logo that read “Academy Health Solutions”. The letter was addressed “Dear staff members”, and did not have a signature, but showed the name and title “IVETT DIAZ Director of Human Resources” in the signature block. The letter stated, in part, “It is with a heavy heart that we inform you all that it has become necessary for the company to close its doors permanently...”



The letter is the same letter Applicant 1 submitted with his first application.

### Earnings Statement submitted with Application 30868

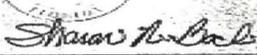
An earnings statement submitted with application 30868 displayed a payment date of July 17, 2020. The statement purported that Applicant 2's employer was Academy Health Solutions LLC.

<b>Company Code</b> KI7HC723398471 Academy Health Solutions LLC 525 10th St Suite 503 West Palm Beach, FL 33403		<b>Loc/Dept</b> 0173		<b>Number Page</b> 2853735 1 of 1		<b>Earnings Statement</b>																																							
Taxable Filing Status: Single Exemptions/Allowances: Federal: Std W/H Table State: 0 Local: 0 Social Security Number: XXX-XX-XXXX		Tax Override: Federal: 0.00 Adndt State: Local:		Period Starting: 06/28/2020 Period Ending: 07/11/2020 Pay Date: 07/17/2020																																									
<table border="1"> <thead> <tr> <th>Earnings</th> <th>rate</th> <th>hours/units</th> <th>this period</th> <th>year to date</th> </tr> </thead> <tbody> <tr> <td>Regular</td> <td>12.5000</td> <td>68.17</td> <td>852.13</td> <td>11028.89</td> </tr> <tr> <td>Overtime</td> <td>18.7500</td> <td>5.03</td> <td>94.31</td> <td>94.31</td> </tr> <tr> <td>Misc pay</td> <td></td> <td></td> <td>0.00</td> <td>700.00</td> </tr> <tr> <td>Bereavement</td> <td></td> <td></td> <td></td> <td>50.00</td> </tr> <tr> <td><b>Gross Pay</b></td> <td></td> <td></td> <td><b>\$946.44</b></td> <td><b>\$11,873.20</b></td> </tr> </tbody> </table>					Earnings	rate	hours/units	this period	year to date	Regular	12.5000	68.17	852.13	11028.89	Overtime	18.7500	5.03	94.31	94.31	Misc pay			0.00	700.00	Bereavement				50.00	<b>Gross Pay</b>			<b>\$946.44</b>	<b>\$11,873.20</b>	<table border="1"> <thead> <tr> <th>Other Benefits and Information</th> <th>this period</th> <th>year to date</th> </tr> </thead> <tbody> <tr> <td>Total Hours Worked</td> <td>68.17</td> <td>1143.32</td> </tr> </tbody> </table>					Other Benefits and Information	this period	year to date	Total Hours Worked	68.17	1143.32
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Child support 1	-50.00	600.00																																											
<b>Net Pay</b> \$819.48					<table border="1"> <thead> <tr> <th>Deposits</th> <th>account number</th> <th>trans/ABA</th> <th>amount</th> </tr> </thead> <tbody> <tr> <td>XXXXXX8634</td> <td>XXXXXXXXXX</td> <td></td> <td>872.17</td> </tr> </tbody> </table>					Deposits	account number	trans/ABA	amount	XXXXXX8634	XXXXXXXXXX		872.17																												
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XXXXXX8634	XXXXXXXXXX		872.17																																										

Applicant 2 certified the accuracy of all documents. The County processed the application on October 5, 2020.

**County Assistance Payments for Application 30868**

On October 13, 2020, the County issued check number 00003206568 in the amount of \$5,280.00 to Landlord for rental assistance, including late fees. The signature on the back of the check is similar to the signature on check No. 00003222398 for rent assistance payable to and negotiated by Landlord on behalf Applicant 1.

 BOARD OF COUNTY PALM BEACH COUNTY WEST PALM BEACH, FLORIDA		54-975/412 WELLS FARGO BANK, N.A.		CHECK NO. 00003206568 DATE 10/13/2020	
PAY TO THE ORDER OF		Five Thousand Two Hundred Eighty And 00/100 dollars		AMOUNT \$*****5,280.00	
					
THIS DOCUMENT IS PRINTED IN TWO COLORS. DO NOT ACCEPT UNLESS BLUE AND BLACK ARE PRESENT. PADLOCK LIST SECURITY FEATURES ON BACK.					
E B 2 211					
How do you pay for purchases with a credit card? By adding or stacking with cash. The amount printed below, as well as the amount of any other charges, are subject to the terms and conditions of the cardholder's agreement.				1362142	

In addition, County records show a payment directly to Applicant 2 for food assistance on October 6, 2020 in the amount of \$900.00.<sup>6</sup>

**Rental and Utility Assistance Application 44079**

Per County records, Applicant 2 initially electronically signed and submitted application No. 44079 on November 16, 2020. The application lists the same accurate date of birth and social security number along with the same contact telephone number and email address for Applicant 2 as in the previous application. The application also contained a Florida Power and Light bill in Applicant 2’s name for the application address. The County returned the application to Applicant 2 on November 19, 2020 and requested additional information. The application was resubmitted on the same date.

The resubmission listed the same address, landlord, and monthly rent amount as in application 30868. It requested \$4,800.00 in rental assistance, and \$434.00 in assistance for a past due electric bill.

Services Requested	
<input checked="" type="checkbox"/>	Electric Bill
<input checked="" type="checkbox"/>	Rental Payment
Additional Questions - Rental Assistance	
What is the Rent Due Date?	10/05/2020
What is your Landlord's Name?	[REDACTED]
What is your Landlord's Address?	[REDACTED]
What is your Landlord's Email Address?	[REDACTED]
What is your Landlord's Phone Number?	[REDACTED]
What is your Monthly Rent Amount?	\$1,200.00
Are you currently receiving section 8 or any federal housing subsidies?	No
Did you receive a Rental Late or Eviction Notice?	Yes
Have you received an eviction notice (issued after 3/15/2020) caused by the COVID-19 pandemic?	Yes
What is the Rental Past Due Start Date?	09/05/2020
What is the Rental Past Due End Date?	12/05/2020
What is the Rental Past Due Amount Requested?	\$4,800.00

The application included an attestation that Applicant 2’s crisis was COVID-19 related. In the Declaration of Crisis section of the application, Applicant 2 stated, “Job closes down.”

Declaration of Crisis (Please Explain the reason for your Crisis Situation below): *
Job closes down

**Employer Letter Submitted with Application 44079**

The same letter purportedly from Applicant 2’s employer submitted with application 30868 was also submitted with application 44079 as Proof of COVID-19 Crisis.

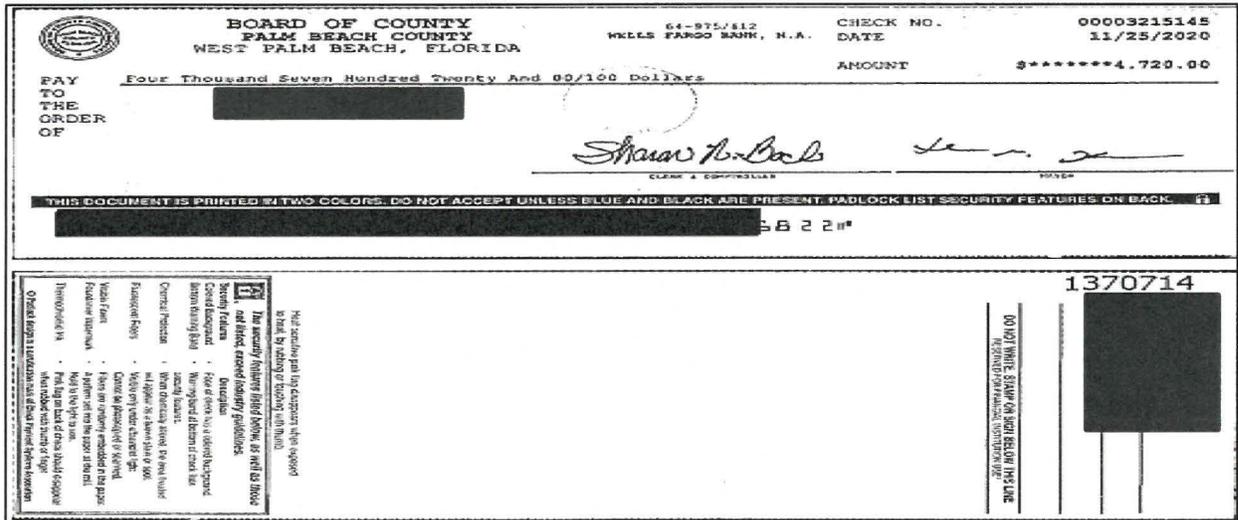
<sup>6</sup> Applicant 2 initially received \$400.00 in food assistance for application 30868. She later received an additional \$500.00, totaling \$900.00 in food assistance. According to Community Services, individuals that were eligible for food cards received an automated additional \$500.00 re-load in December of 2020.

**Earnings Statement Submitted with Application 44079**

Similarly, the earnings statement submitted with application 30868 was also submitted with application 44079.

**County Assistance Payments for Application 44079**

Applicant 2 electronically signed and certified the accuracy of all documents when submitting the application. The County processed the application on November 21, 2020. On November 25, 2020, the County issued check number 00003215145 in the amount of \$4,720.00 to Landlord for rental assistance.



In addition, the County issued payment to FPL in the amount of \$249.25<sup>7</sup> on behalf of Applicant 2 on November, 25, 2020.

**Rental Assistance Application 71367**

County records show application No. 71367 was initially electronically signed and submitted to the County by Applicant 2 on June 25, 2021.

Applicant 2 used the same personal identifiers and contact information as in her previous applications with her address listed as [redacted], West Palm Beach, FL and her landlord listed as Landlord. Her monthly rent amount was listed as \$1,300.00, and the application requested rental assistance of \$10,010.00 for past due rent, including late fees.

<sup>7</sup> The County made this payment of \$249.25 via check (000000003215059). The check was in the amount of \$48,627.48 and was a collective payment made to FPL for several assistance applications.

Additional Questions - Rental Assistance	
What is the Rent Due Date?	
What is your Landlord's Name?	
What is your Landlord's Address?	
What is your Landlord's Email Address?	
What is your Landlord's Phone Number?	
What is your Monthly Rent Amount?	\$1,300.00
Are you currently receiving section 8 or any federal housing subsidies?	No
Did you receive a Rental Late or Eviction Notice?	Yes
Have you received an eviction notice (issued after 3/15/2020) caused by the COVID-19 pandemic?	Yes
What is the Rental Months Requested?	09/2021,08/2021,07/2021,06/2021,05/2021,04/2021,03/2021
What is the Rental Past Due Amount Requested?	\$9,100.00
What is the Rental Late Fees Amount Requested?	\$910.00
What is the Rental Legal Fees Amount Requested?	\$0.00
What is the Rental Total Amount Requested?	\$10,010.00

The "Declaration of Crisis" section of the application stated,  
 Lost my job last year due to covid the facility closed down and never open and since I've been getting unemployment but as well taken care of my two toddler children that has not been full-time daycare because the ongoing crisis that's happening.

**Declaration of Crisis** (Please Explain the reason for your Crisis Situation below): \*

Lost my job last year due to covid the facility closed down and never open and since I've been getting unemployment but as well taken care of my two toddler children that has not been full-time daycare because the ongoing crisis thats happening

The OSCARSS log reflects that the County returned the application to Applicant 2's stated email address on several occasions for the following information:

- up dated (sic) lease and phone #
- Please provide statement from landlord of rental increase per lease rent is \$1200. per bs and invoice rent is \$1300
- Pleas (sic) have landlord show ledger from back in January.
- Per lease late fee is 120. Is (sic) the landlord charging %10 of the rent? Please (sic) show proof
- Applicant please upload proof of January 2020 and February 2020 payments such as bank statements, bank withdrawals showing rental amount, cashier check to your landlord as both you and landlord have the same address on the property appraiser. Also, please upload a new lease or addendum as the one you uploaded expired January 2021.

- ... please upload the prior payments for march or February 2020 as you and your landlord have the same mailing address on the property appraiser. (sic)

Applicant 2's resubmitted her application on July 10, 2021, July 23, 2021, and July 28, 2021.

**Employer Letter Submitted with Application 71367**

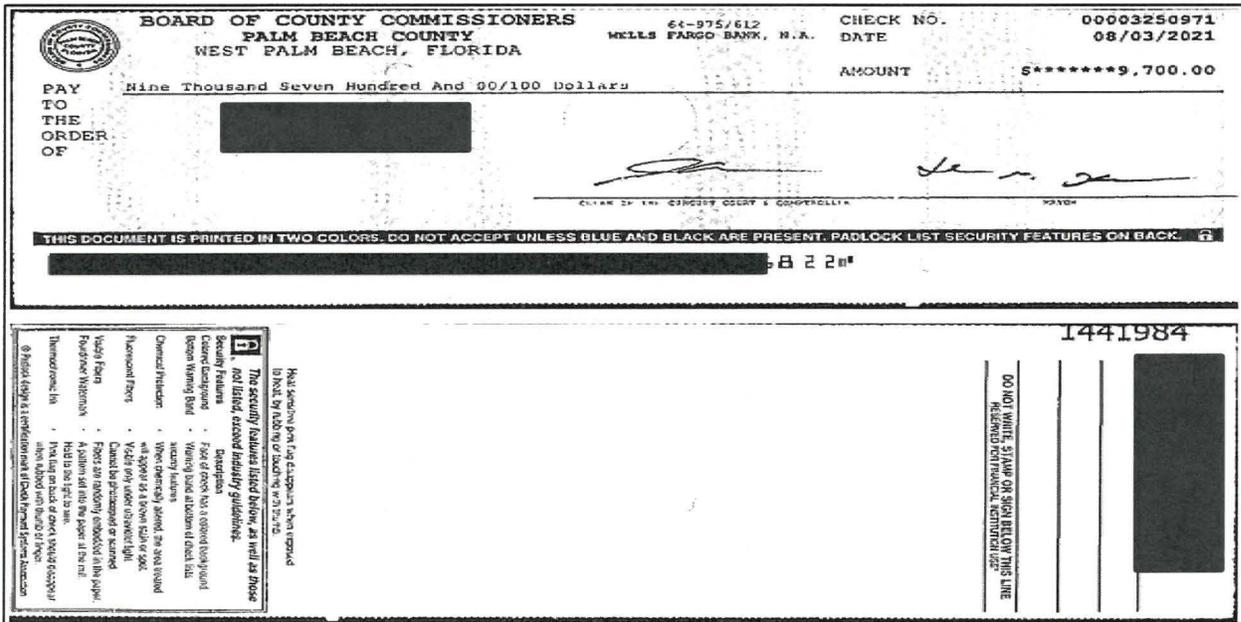
Applicant 2 submitted the same letter with applications 30868 and 44079 purportedly from her employer submitted with application 71367 as Proof of COVID-19 Crisis.

Applicant 2's certified that all documents provided were accurate upon electronically signing and submitting the application.

The County processed the application on July 31, 2021.

**County Assistance Payment for Application 71367**

On August 3, 2021, the County issued check number 00003250971 in the amount of \$9,700.00 payable to Landlord for rental assistance on behalf of Applicant 2.



**Rental and Utility Assistance Application 98158**

County records show assistance application number 98158 was submitted to the County on behalf of Applicant 2 on November 16, 2021. The County returned the application and requested additional information, asking, "Can you provide the last page of the lease with

tenant and landlord signatures.” Applicant 2 resubmitted the application on that same date.

Applicant 2’s listed her address as [REDACTED] West Palm Beach, FL and her landlord as Landlord. The listed monthly rent payment was \$1,300.00, and the application requested \$7,125.00 in rental assistance, and \$193.00 for a past due electric bill.

Services Requested	
<input checked="" type="checkbox"/>	Electric Bill
<input checked="" type="checkbox"/>	Rental Payment

Additional Questions - Rental Assistance	
What is the Rent Due Date? *	
What is your Landlord's Name? *	[REDACTED]
What is your Landlord's Address? *	[REDACTED]
What is your Landlord's Email Address? *	[REDACTED]
What is your Landlord's Phone Number? *	[REDACTED]
What is your Monthly Rent Amount? *	\$1,300.00
Are you currently receiving section 8 or any federal housing subsidies? *	No
Did you receive a Rental Late or Eviction Notice? *	Yes
Have you received an eviction notice (issued after 3/15/2020) caused by the COVID-19 pandemic? *	Yes
What is the Rental Months Requested? *	02/2022,01/2022,12/2021,11/2021,10/2021
What is the Rental Past Due Amount Requested? *	\$6,500.00
What is the Rental Late Fees Amount Requested? *	\$625.00
What is the Rental Legal Fees Amount Requested? *	\$0.00
What is the Rental Total Amount Requested? *	\$7,125.00

In the Declaration of Crisis section of the application, the application stated, “been unemployed since job closed and now unemployment has been cut as well.”

Declaration of Crisis (Please Explain the reason for your Crisis Situation below): *
been unemployed since job closed and now unemployment has been cut as well

**Employer Letter submitted with Application 98158**

Applicant 2 submitted the same letter purportedly from her employer submitted with applications 30868, 44079, and 71367 with application 98158 as Proof of COVID-19 Crisis.

Applicant 2 electronically signed and certified that all documents she provided were accurate in her application.



## OIG Interview of Applicant 2

The OIG made multiple attempts to contact Applicant 2 to schedule an interview; however, she did not respond.<sup>10</sup>

## OIG Interview of Landlord

Landlord confirmed receiving rental assistance from the County for Applicant 2. Landlord recalled completing documents from the County to receive the assistance, but did not recall how much money was received. The OIG made multiple attempts to conduct an in-depth interview with Landlord and his wife, [REDACTED]. Landlord and his wife either rejected or cancelled those scheduled interviews.

## Conclusion

Applicant 2 submitted four applications to the County for assistance. On each occasion, Applicant 2 attested that the information provided was accurate. Based upon our review of the documents and the statements of Applicant 2's purported employer and landlord, we found that these applications contained false documentation.

As a result of these actions, the County issued \$26,460.00 in rental assistance to her landlord, \$442.60 in utility assistance to FPL, and \$900.00 in food assistance to Applicant 2. We find that the applications were inaccurate and that funding should not have been issued.

The allegation that Applicant 2 provided false information in her rental and related assistance applications is **supported**.

## IDENTIFIED, QUESTIONED, AND AVOIDABLE COSTS

**Identified Costs:** \$38,502.60

## ACKNOWLEDGEMENT

The Inspector General's Investigations Division would like to thank the Palm Beach County Community Services Department staff for their cooperation throughout this investigation.

## RECOMMENDED CORRECTIVE ACTIONS

The OIG recommends that the County seek reimbursement of \$38,502.60 of inappropriately issued funds; \$10,700.00 from Applicant 1 and \$27,802.60 from Applicant 2.

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<sup>10</sup> Upon receipt of the Draft Report in this matter, Applicant 2 requested to be interviewed. The summary of information provided by Applicant 2 is detailed in the "Response from Applicant 2" section of this report.

**RESPONSE FROM MANAGEMENT**

Pursuant to Article XII, Section 2-427 of the Palm Beach County Code, Community Services was provided the opportunity to submit a written explanation or rebuttal to the findings as stated in this Investigative Report within ten (10) calendar days. Their written response is as follows:

The County concurs with the IG recommendation included in Investigative Report 2022-0015. The Community Services Department will seek reimbursement for \$38,502.60 issued to the subject(s) named in this investigation.

**RESPONSE FROM APPLICANT 1**

Pursuant to Article XII, Section 2-427 of the Palm Beach County Code, Applicant 1 was provided the opportunity to submit a written explanation or rebuttal to the finding as stated in the Investigative Report within ten (10) calendar days. Applicant 1 did not submit a response.

**RESPONSE FROM APPLICANT 2**

Pursuant to Article XII, Section 2-427 of the Palm Beach County Code, Applicant 2 was provided the opportunity to submit a written explanation or rebuttal to the finding as stated in the Investigative Report within ten (10) calendar days.

Upon receipt of the Draft Report in this matter, Applicant 2 requested to be interviewed by the OIG. That interview occurred on September 13, 2023. A summary of information provided in that interview is as follows:

Applicant 2 stated that for about the first year living in Landlord's back building apartment, she had no problems with rent and never missed a payment. Subsequently, Applicant 2 said she lost her job and Landlord told her that she would qualify for rental assistance from Community Services because she was not working. Applicant 2 stated she provided Landlord with information for him to submit for her applications, and he did so. Because Landlord listed Applicant 2's accurate email address on applications and at times listed her email address as Landlord's contact email, she received and responded to numerous requests from the County for additional information or clarification, and at times logged into the Community Services portal to respond to questions and requests. Applicant 2 stated that at times she went into the system and submitted her information, such as when she submitted her Declaration of Crisis statements. On other occasions, Landlord submitted information on her behalf.

Applicant 2 told the OIG that her employer Academy Health permanently shut down because the employer was "busted by Internal Affairs" for insurance fraud. Applicant 2 stated that she worked there for almost two years starting around the

end of 2019. When the OIG then informed Applicant 2 that Ms. Diaz stated that when Academy Health closed Applicant 2 was not an employee, Applicant 2 replied that she was paid “under the table,” and therefore was not listed on their payroll. Applicant 2 said she did not receive a layoff letter from Ivett Diaz at Academy Health. When shown the letter submitted with her application, she amended her statement and said it was the only letter she had available to submit. Applicant 2 also stated that Academy Health gave her the ADP payroll stubs that were submitted with her assistance applications, even though she was paid under the table.

Applicant 2 confirmed that she received a food card from Community Services.

Applicant 2 said that Applicant 1 was one of Landlord’s home repair workers and that he never worked for Academy Health. Applicant 2 said Applicant 1 never lived at the residence while she lived there. Applicant 2 lived in the back of the house; the front house was not livable until Landlord’s sister moved in. No one else lived on the property the entire time that Applicant 2 resided there; therefore, Applicant 1 would not have been able to live in the front of the house.<sup>11</sup>

On September 22, 2023, Applicant 2 telephoned the OIG and provided the following additional information:

Applicant two named an Academy Health co-worker that she stated could confirm that Applicant 2 worked at Academy Health and was paid “under the table.”

**OIG Response:** Applicant 2’s assertion that she was paid under the table at Academy Health Solutions does not change the fact that Applicant 2 submitted falsified ADP payroll documents and a falsified letter in the name of Ms. Diaz with her applications. Therefore, the allegation that Applicant 2 provided false information in her rental and related assistance applications remains **supported**.

***This Investigation has been conducted in accordance with the ASSOCIATION OF INSPECTORS GENERAL Principles & Quality Standards for Investigations.***

<sup>11</sup> Applicant 2 also provided information alleging that Landlord submitted fraudulent County Rental Assistance Program applications unrelated to this Report. The OIG will address that allegation as a separate matter.