ReCoverCA Homebuyer Assistance (DR-HBA) Program

Program Sub-Recipient

Golden State Finance Authority (GSFA)

1215 K Street, Suite 1650 Sacramento, CA 95814

Phone: (855) 740-8422 Fax: (916) 444-3551

Email: info@gsfahome.org

Reservation #: Applicant Name: _ SHADED AREA FOR PROGRAM SUB-RECIPIENT USE ONLY

DR-HBA016-Borrower's Closing Affidavit

THERE ARE IMPORTANT LEGAL CONSEQUENCES TO THIS LEGAL AFFIDAVIT. READ IT CAREFULLY BEFORE SIGNING.

Printed Name of Applicant		Signature of Applicant	
Printed Name of Applicant		Signature of Applicant	
Date: _			
	Program is punishable by imprisonment or by a f	fine.	
4.	In addition, I (We) hereby acknowledge and understand that any false pretense, including false statement or representation of the fraudulent use of any instrument, facility, article, or other valuable thing or service in connection with an application for the		
3.	I (We) acknowledge and understand that this Affidavit will be relied upon for purposes of determining my (our) eligibility for the Program. I (We) acknowledge and understand that this Affidavit or any other statement made by me (us) in connection with an application for the Program will constitute a federal violation punishable by a fine, and material misstatement fraudulently made in this affidavit or in any other statement made by me (us) in connection with application for the Program will constitute a federal violation punishable by a fine and revocation of the HBA, which will be in addition to any criminal penalty imposed by law.		
2.	I (We) further state that I (we) ☐ do not (check √ the applicable statement) currently have an ownership interest in any real estate property.		
1.	☐ I (We) executed the Application and Affidavit as part of my (our) application for a ReCoverCA Homebuyer Assistance (DR-HBA) Program on (date Application and Affidavit was signed).		

This form should be completed, signed by Applicant upon loan closing and submitted to the GSFA with the Post Funding Package.