

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

Applicant Name: _____

SHADED AREA FOR PROGRAM SUB-RECIPIENT USE ONLY

DR-HBA003-Addendum to Loan Application

INSTRUCTIONS

The affidavit is divided into three (3) components:

1. Disaster recovery assistance, and/or other assistance received.
2. Attachments
3. Signature(s)

Read each component in full and provide the accurate information.

Part 1. Duplication of Benefits Affidavit

This affidavit must be completed by all applicant(s) that have applied for the CDBG-DR funded State of California 2017 DR-HBA Program being offered by the California Department of Housing and Community Development (HCD) through the Golden State Finance Authority. The information within this affidavit will provide the California Department of Housing and Community Development (HCD) with vital information for processing the application required by the federal Stafford Act Section 312 on Duplication of Benefits. This federal statute prohibits HCD from providing additional federal funds for the same disaster recovery purpose as any other funds provided to the applicant(s).

List other funding sources that will be used for downpayment or closing cost towards the purchase of the subject property.

Table 1

Assistance relating to disaster year 2017	Insurance**	FEMA Assistance	Other Assistance
1. Amount of assistance received.	\$	\$	\$
2. What was the purpose of assistance? (Structure, building, loss of content, personal property, additional structures)			
3. Were funds used for its intended purpose?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. List any un-used portion of funds remaining.	\$	\$	
5. Provide status of property for which insurance was claimed.		N/A	N/A

****Insurance:** Proceeds received from insurance due to damages sustained to prior home due to 2017 disasters only.

Table 2

SBA or Other Subsidized Loan: Do not include Business or Economic Injury Disaster Loan (EIDL)

Assistance relating to disaster year 2017			
1. Amount of assistance received.	\$		
2. What was the purpose of assistance?			
3. Were funds used for its intended purpose?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. List any un-used portion of funds remaining.	\$		
5. Was loan declined or cancelled?	N/A <input type="checkbox"/>	Declined <input type="checkbox"/>	Cancelled <input type="checkbox"/>
6. Was it a DRRA covered disaster 2016-2021?			
7. Was loan agreement signed prior to 10/5/2023?			
8. Were funds used for disaster related purpose?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Part 2. Attachments

Attached to this affidavit are copies of all acceptable documentation for each of the above referenced sources of funds identified for the below listed presidentially declared disasters:

Most Impacted and Distressed Counties

DR-4344 incident period October 2017

DR-4353 incident period December 2017

- Sonoma County
- Ventura County

- 95470 – in Mendocino County
- 95901 – Predominantly Yuba County
- 94558 – Predominantly Napa County
- 95422 – Predominantly the City of Clearlake in Lake County
- 93108 - City of Montecito, located in Santa Barbara County

Part 3. Signature(s)

Pursuant to Title 18, Section 1001 of the U.S. Code, I certify that the information provided in this affidavit is true and accurate to the best of my knowledge. I understand that if this information is not correct, it may affect the amount of any funds I may receive or may lead to the recapture of disbursed funds by HCD and/or HUD.

Date: _____

Printed Name of Applicant

Signature of Applicant

Printed Name of Applicant

Signature of Applicant

WARNING: The information provided on this form is subject to verification by the State of California and the U.S. Department of Housing and Urban Development (HUD) at any time. **Title 18, Section 1001 of the U.S. Code states that knowingly and willingly making a false or fraudulent statement to a department of the United States Government can result in termination of assistance and civil and criminal penalties.**

This form should be completed, signed by Applicant(s) and submitted to the GSFA with Lender Pre-Qualification Compliance Package.