

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

Applicant Name: _____

SHADED AREA FOR PROGRAM SUB-RECIPIENT USE ONLY

DR-HBA005-Tax Return Affidavit

I hereby certify that I was not required by law to file a federal income tax return for the following year(s):

I certify that the foregoing is true, complete, and correct. Inquiries may be made to verify statements herein. I also understand that false statements or omissions are grounds for disqualification from the ReCoverCA Homebuyer Assistance (DR-HBA) Program and/or prosecution under the full extent of the law.

This signature signifies that I was not required to file federal income tax returns for the years listed above.

Date: _____

Printed Name of Applicant

Signature of Applicant

Printed Name of Applicant

Signature of Applicant

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