

ReCoverCA Homebuyer Assistance (DR-HBA) Program

**Program Sub-Recipient**

*Golden State Finance Authority (GSFA)*

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Sacramento, CA 95814

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

Email: [info@gsfahome.org](mailto: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.*