

Program Sub-Recipient

Golden State Finance Authority (GSFA)

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Email: info@gsfahome.org

Applicant Name: _____

SHADED AREA FOR PROGRAM SUB-RECIPIENT USE ONLY

DR-HBA006-Certification of No Income

All income must be verified for anyone receiving assistance. To comply with this requirement, please complete and sign the information requested in the certification below. This information will be held in strict confidence and used only for the purpose of establishing eligibility for the ReCoverCA Homebuyer Assistance (DR-HBA) Program.

1. I, _____ do hereby certify that I do NOT receive income from ANY source.

2. I understand sources of income include, but are not limited to, the following:

Employment at a Company or for an Individual	Retirement Funds
Unemployment Compensation	Alimony
Social Security Income	Income from Assets
Workers' Compensation	Pensions
Child Support	General Assistance
Education Grants/Work Study	Disability Benefits
Self Employment	Union Benefits
Aid to Families with Dependent Children	Family Support
Annuities	

I consent to the making of any reasonable inquiries to verify the statements herein. I also understand that false statements or omissions are grounds for disqualification from the HBA Program. *I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. WARNING: Anyone who knowingly submits a false claim, or makes false statements is subject to criminal and civil penalties, including confinement for up to 5 years, fines, and civil penalties. (18 U.S.C. §§ 287, 1001 and 31 U.S.C. §3729)*

This signature signifies that I receive NO INCOME from ANY SOURCE.

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.