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-HBA006-Certification of No Income

All	income must be verified for anyone receiving assist	tance. To comply with this requirement, please complete and sign the information
rec	uested in the certification below. This information gibility for the ReCoverCA Homebuyer Assistance (L	n will be held in strict confidence and used only for the purpose of establishing
1.	Ι,	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	
3.	. I certify that the foregoing is true, complete and correct. 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 and/or prosecution under the full extent of the law.	
Thi	is signature signifies that I receive NO INCOME from	m ANY SOURCE.
Da	te:	
Pri	nted 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.