

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

Reservation #: _____

Applicant Name: _____

SHADED AREA FOR PROGRAM SUB-RECIPIENT USE ONLY

DR-HBA013-Annual Compliance Monitoring Notice

Date: _____

Dear Applicant:

As a component of your admission into the ReCoverCA Homebuyer Assistance (DR-HBA) Program, you are hereby notified, and by signing below, you agree and acknowledge, that **on the anniversary of your loan closing, of each year of the initial five year period, you will provide Golden State Finance Authority (GSFA) with acceptable documents for proof of residency and ownership including copy of current homeowner insurance policy so that GSFA may verify your compliance with maintaining the property as your principal place of residence.**

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 Final Compliance Package.