

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-HBA015-Lender's Closing Certificate**NAME OF FUNDING LENDER:** _____

(The Name of the Entity that appears on the Closing Disclosure/Loan Estimate)

Hereby states the following:

1. The Lender has accepted and reviewed the Application for the ReCoverCA Homebuyer Assistance (DR-HBA) Program for the following Applicant(s):

Applicant Name: _____

Applicant Name: _____

2. The Lender hereby certifies the following: (Closing Disclosure and Loan Estimate)

Loan Amount:	\$	Interest Rate:	%	Term:	
Closing Date:		Loan Type:		HBA Amount:	\$

3. After reasonable investigation, the Lender hereby certifies that the following information is true:

- ☐ The total purchase price of the single-family residence acquired with the proceeds of the Mortgage Loan (the "Residence") is in compliance with the Program requirements.
- ☐ The Applicant's income is in compliance with the Program requirements.
- ☐ Applicant has no present ownership interest in a residential property.

4. Statement (a) or (b) (check ☒ appropriate box) is true:

- ☐ a) Based upon reasonable investigation, the Lender is aware of no material change in the circumstances upon which it relied in executing the Initial Lender's Certification. All statements and certifications contained in the Initial Lender's Certification remain valid and true.
- ☐ Property MID Eligibility Verified
- ☐ Property Bedrooms Eligibility Verified
- ☐ Income Verified
- ☐ Debt-To-Income Ratio Verified

- ☐ b) The following material changes have occurred in the circumstances upon which the Lender relied in executing the Initial Lender's Certification:

CERTIFICATION OF THE LENDER

The Lender hereby certifies that the above noted changes in circumstances (if any) do not affect the Applicant's eligibility for the ReCoverCA Homebuyer Assistance (DR-HBA) Program. Based upon reasonable investigation, the Lender has no reason to believe that either the Applicant or the Seller of the Residence has made any negligent or fraudulent, material misstatements in connection with the Applicant's application for the Program. The Lender hereby agrees that it will immediately forward to GSFA all information which it or any of its successors may receive during the 5-year period following the loan closing which tends to indicate that the applicant may have made a misrepresentation in applying for the Program or that may affect the Applicant's eligibility.

Date: _____

Printed Name of Funding Lender_____
Signature of Funding Lender*This form should be completed, signed by Lender upon loan closing and submitted to the GSFA with the Post Funding Package.*