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

Reservation #: Applicant Name: _ SHADED AREA FOR PROGRAM SUB-RECIPIENT USE ONLY

DR-HBA015-Lender's Closing Certificate							
NAI (The	ME OF FUNDING LENDE e Name of the Entity that	ER:appears on the Closing Dis	closure/Loan Estin	nate)			
Her	eby states the following	:					
1.	following Applicant(s):	nder has accepted and reviewed the Application for the ReCoverCA Homebuyer Assistance (DR-HBA) Program for the g Applicant(s): 1 Name:					
	Applicant Name:						
2.	The Lender hereby certifies the following: (Closing Disclosure and Loan Estimate)						
	Loan Amount:	\$	Interest Rate:	%	Term: HBA Amoun	t: \\$	
	Closing Date:		Loan Type:		HDA AIIIOUII	ι. ֆ	
4.	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. 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 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:						
CEF	RTIFICATION OF THE LE	ENDER					
ReC that the or a	CoverCA Homebuyer Ass either the Applicant or th Applicant's application fo iny of its successors may	that the above noted cha istance (DR-HBA) Prograr e Seller of the Residence h r the Program. The Lender receive during the 5-year on in applying for the Progr	m. Based upon rea has made any negl hereby agrees that period following th	asonable investigation gent or fraudulent, m at it will immediately t e loan closing which	n, the Lender I aterial misstate forward to GSF tends to indica	has no reason to believe ements in connection with A all information which it	
	e: nted Name of Funding L	ender	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.