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-HBA016-Borrower's Closing Affidavit**

## THERE ARE IMPORTANT LEGAL CONSEQUENCES TO THIS LEGAL AFFIDAVIT. READ IT CAREFULLY BEFORE SIGNING.

Printed Name of Applicant		Signature of Applicant
Printed Name of Applicant		Signature of Applicant
Date: _		
4.	In addition, I (We) hereby acknowledge and understand that any false pretense, including false statement or representation of the fraudulent use of any instrument, facility, article, or other valuable thing or service in connection with an application for the Program is punishable by imprisonment or by a fine.	
3.	Program. I (We) acknowledge and understar application for the Program will constitute a fe in this affidavit or in any other statement m	Affidavit will be relied upon for purposes of determining my (our) eligibility for the and that this Affidavit or any other statement made by me (us) in connection with an ederal violation punishable by a fine, and material misstatement fraudulently made adde by me (us) in connection with application for the Program will constitute a vocation of the HBA, which will be in addition to any criminal penalty imposed by
2.	in a principal residence or occupy and owner	<b>not</b> (check $$ the applicable statement) currently have an ownership interest ed a single-family home, a manufactured home (including mobile home) which is minium, or a unit within a housing cooperative.
1.	☐ I (We) executed the Application and Affida HBA) Program on (date Ap	avit as part of my (our) application for a ReCoverCA Homebuyer Assistance (DR-oplication and Affidavit was signed).

This form should be completed, signed by Applicant upon loan closing and submitted to the GSFA with the Post Funding Package.