

Program Sub-Recipient

Golden State Finance Authority (GSFA)

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Applicant Name: _____

SHADED AREA FOR PROGRAM SUB-RECIPIENT USE ONLY

DR-HBA003-Addendum to Loan Application

INSTRUCTIONS

The affidavit is divided into three (3) components:

1. Disaster recovery assistance, and/or other assistance received.
2. Attachments
3. Signature(s)

Read each component in full and provide the accurate information.

Part 1. Duplication of Benefits Affidavit

This affidavit must be completed by all applicant(s) that have applied for the CDBG-DR funded State of California 2018 and 2020 DR-HBA Program being offered by the California Department of Housing and Community Development (HCD) through the Golden State Finance Authority. The information within this affidavit will provide the California Department of Housing and Community Development (HCD) with vital information for processing the application required by the federal Stafford Act Section 312 on Duplication of Benefits. This federal statute prohibits HCD from providing additional federal funds for the same disaster recovery purpose as any other funds provided to the applicant(s).

List other funding sources that will be used for downpayment or closing cost towards the purchase of the subject property.

Table 1

Assistance relating to disaster year <input type="checkbox"/> 2018 <input type="checkbox"/> 2020	Insurance**	FEMA Assistance	Other Assistance
1. Amount of assistance received.	\$	\$	\$
2. What was the purpose of assistance?			
3. Were funds used for its intended purpose?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. List any un-used portion of funds remaining.	\$	\$	
5. Provide status of property for which insurance was claimed.		N/A	N/A

****Insurance:** Proceeds received from insurance due to damages sustained to prior home due to 2018 or 2020 disasters only.

Table 2

SBA or Other Subsidized Loan: Do not include Business or Economic Injury Disaster Loan (EIDL)

Assistance relating to disaster year <input type="checkbox"/> 2018 <input type="checkbox"/> 2020			
1. Amount of assistance received.	\$		
2. What was the purpose of assistance?			
3. Were funds used for its intended purpose?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. List any un-used portion of funds remaining.	\$		
5. Was loan declined or cancelled?	N/A <input type="checkbox"/>	Declined <input type="checkbox"/>	Cancelled <input type="checkbox"/>
6. Was it a DRRA covered disaster 2016-2021?			
7. Was loan agreement signed prior to 10/5/2023?			
8. Were funds used for disaster related purpose?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Part 2. Attachments

Attached to this affidavit are copies of all acceptable documentation for each of the above referenced sources of funds identified for the below listed presidentially declared disasters:

Most Impacted and Distressed Counties

DR-4382 – Carr and Mendocino Complex Fires (California Wildfires and High Winds). Incident Period July 23, 2018 – September 19, 2018, Major Disaster declared on August 4, 2018. Designated Counties: Shasta and Lake.

DR-4407 - Camp, Hill, and Woolsey Fires (California Wildfires). Incident Period November 8, 2018 - November 25, 2018. Major Disaster declared on November 12, 2018. Designated Counties: Butte, and Los Angeles.

DR-4558 – California Wildfires. Incident Period August 14, 2020 - September 26, 2020. Major Disaster declared on August 22, 2020. Designated Counties: Butte, Napa, Santa Cruz, Solano, Sonoma.

DR-4569 - California Wildfires. Incident Period September 4, 2020 - November 17, 2020. Major Disaster declared on October 16, 2020. Designated Counties: Fresno, Los Angeles, Napa, Shasta, Siskiyou, and Sonoma Counties.

Part 3. Signature(s)

Pursuant to Title 18, Section 1001 of the U.S. Code, I certify that the information provided in this affidavit is true and accurate to the best of my knowledge. I understand that if this information is not correct, it may affect the amount of any funds I may receive or may lead to the recapture of disbursed funds by HCD and/or HUD.

Date: _____

Printed Name of Applicant

Signature of Applicant

Printed Name of Applicant

Signature of Applicant

WARNING: The information provided on this form is subject to verification by the State of California and the U.S. Department of Housing and Urban Development (HUD) at any time. **Title 18, Section 1001 of the U.S. Code states that knowingly and willingly making a false or fraudulent statement to a department of the United States Government can result in termination of assistance and civil and criminal penalties.**

This form should be completed, signed by Applicant(s) and submitted to the GSFA with Lender Pre-Screen Compliance Package.