

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-HBA014-Checklist Post Funding

Applicant Name:		HBA Amount:	\$
Lender Name:		Contact Name:	
Phone Number:		Fax Number:	
Email:			

This Package contains:

1. **Copy of Final signed 1003**
2. **Copy of Signed Closing Disclosure/TIL**
3. **DR-HBA015-Lender's Closing Certification**
4. **DR-HBA016-Borrower's Closing Affidavit**
5. **Copy Partial Exemption Disclosure**
6. **Copy Final Form 1008 Uniform Underwriting and Transmittal Summary**
7. **Copy of Executed Deed of Trust and Note (including the legal description)**

The Final Documents Package must be received within (5) business days of the closing date. The package will not be processed for the Applicant, until all the items above are received, complete and correct, by the Program Sub-Recipient.