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 Number: _____

DR-HBA016-Borrower's Closing Affidavit

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

1. ☐ I (We) executed the Application and Affidavit as part of my (our) application for a ReCoverCA Homebuyer Assistance (DR-HBA) Program on _____ (date Application and Affidavit was signed).

2. I (We) further state that I (we) ☐ **do** ☐ **do not (check √ the applicable statement)** currently have an ownership interest in any real estate property.

3. I (We) acknowledge and understand that this Affidavit will be relied upon for purposes of determining my (our) eligibility for the Program. I (We) acknowledge and understand that this Affidavit or any other statement made by me (us) in connection with an application for the Program will constitute a federal violation punishable by a fine, and material misstatement fraudulently made in this affidavit or in any other statement made by me (us) in connection with application for the Program will constitute a federal violation punishable by a fine and revocation of the HBA, which will be in addition to any criminal penalty imposed by law.

4. In addition, I (We) hereby acknowledge and understand that any false pretense, including false statement or representation or 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.

Date: _____

_____ _____
Printed Name of Applicant **Signature of Applicant**

_____ _____
Printed Name of Applicant **Signature of Applicant**

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