

**NOTICE PUBLICATION/REGULATIONS SUBMISSION**

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

|  |   |                          |                  |
|--|---|--------------------------|------------------|
| <b>OAL FILE NUMBERS</b>                            | NOTICE FILE NUMBER<br><b>Z-2017-0926-11</b> | REGULATORY ACTION NUMBER | EMERGENCY NUMBER |
| For use by Office of Administrative Law (OAL) only |   |                          |                  |
| NOTICE   |   | REGULATIONS              |                  |

**AGENCY WITH RULEMAKING AUTHORITY**  
California Housing Finance Agency

AGENCY FILE NUMBER (If any)

**A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)**

|  |  |  |                                    |  |
|--|--|--|------------------------------------|--|
| 1. SUBJECT OF NOTICE<br>Conflict of Interest Code  |  | TITLE(S)<br>25                               | FIRST SECTION AFFECTED<br>10001    | 2. REQUESTED PUBLICATION DATE<br>October 6, 2017 |
| 3. NOTICE TYPE<br><input type="checkbox"/> Notice re Proposed Regulatory Action<br><input checked="" type="checkbox"/> Other |  | 4. AGENCY CONTACT PERSON<br>Bridget Campbell | TELEPHONE NUMBER<br>(916) 326-8490 | FAX NUMBER (Optional)<br>(916) 322-3151          |
| <b>OAL USE ONLY</b>  | ACTION ON PROPOSED NOTICE<br><input type="checkbox"/> Approved as Submitted<br><input type="checkbox"/> Approved as Modified<br><input type="checkbox"/> Disapproved/Withdrawn |  | NOTICE REGISTER NUMBER             | PUBLICATION DATE                                 |

**B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)**

|                              |  |
|------------------------------|--|
| 1a. SUBJECT OF REGULATION(S) | 1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) |
|------------------------------|--|

2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)

|  |        |
|--|--------|
| <b>SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)</b> | ADOPT  |
|  | AMEND  |
|  | REPEAL |
| TITLE(S)   |        |

3. TYPE OF FILING

|   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)  | <input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. | <input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h)) | <input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) |
| <input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) | <input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)   | <input type="checkbox"/> File & Print                               | <input type="checkbox"/> Print Only   |
| <input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))   |   | <input type="checkbox"/> Other (Specify) _____                      |   |

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

|   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) | <input type="checkbox"/> Effective on filing with Secretary of State | <input type="checkbox"/> §100 Changes Without Regulatory Effect | <input type="checkbox"/> Effective other (Specify) _____ |
|---|--|---|--|

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

|  |  |   |
|--|--|---|
| <input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660) | <input type="checkbox"/> Fair Political Practices Commission | <input type="checkbox"/> State Fire Marshal |
| <input type="checkbox"/> Other (Specify) _____                             |  |   |

|                   |                  |                       |                           |
|-------------------|------------------|-----------------------|---------------------------|
| 7. CONTACT PERSON | TELEPHONE NUMBER | FAX NUMBER (Optional) | E-MAIL ADDRESS (Optional) |
|-------------------|------------------|-----------------------|---------------------------|

8. **I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.**

|                                      |      |
|--------------------------------------|------|
| SIGNATURE OF AGENCY HEAD OR DESIGNEE | DATE |
| TYPED NAME AND TITLE OF SIGNATORY    |      |

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