



Applicant Affidavit and Certification for CalHFA Accessory Dwelling Unit Grant Program

I, _____, and I,

and I, _____, and I,

(each, an "Applicant"), having applied for a grant to construct an accessory dwelling unit ("ADU") on the below property ("Property") with funds made available by the California Housing Finance Agency ("CalHFA") pursuant to its ADU Grant Program ("Program") under the terms and conditions of the Program, do hereby represent and warrant as follows:

| Property Address | | | | | | | | | | |
|--|---------------|--------------------|--------------------|---------------|--------------------|---------------|--------------------|---------------|--------------------|---------------|
| Street: | | | | | | | | | | |
| City: | County: | Zip: | | | | | | | | |
| Statement of Citizenship, Alienage and Immigration Status for State Public Benefits | | | | | | | | | | |
| Applicant certifies that I am either: (1) A citizen or other National of the United States, or (2) A "Qualified Alien" as defined at 8 U.S.C § 1641. | | | | | | | | | | |
| Owner Occupancy and Rental or Intergenerational Housing Purpose | | | | | | | | | | |
| Applicant certifies that I occupy the above Property as my owner-occupied primary residence and that the ADU will be built as a full residential unit for a long-term rental (31 days or more) or to provide permanent housing for a family member or other resident. | | | | | | | | | | |
| ADU Zoning and Building Codes | | | | | | | | | | |
| Applicant certifies that the ADU will meet all local zoning ordinances and building codes for use of the Property. | | | | | | | | | | |
| Acknowledgement of Tax Form 1099-G | | | | | | | | | | |
| Applicant acknowledges that I may be receiving an IRS income tax form 1099-G which reflects the receipt of benefits from the CalHFA ADU Grant Program. Applicant also acknowledges that this may have income tax consequences and are advised to consult with a tax professional. | | | | | | | | | | |
| Applicant Certification | | | | | | | | | | |
| <p>I have personally reviewed and understand the Applicant Affidavit and Certification for CalHFA Accessory Dwelling Unit Grant. I understand that I will be signing this document under penalty of perjury. I understand that the crime of perjury is punishable by up to four (4) years in jail or prison and a fine of up to ten thousand (\$10,000) dollars. I also understand that intentional misrepresentation of material facts may lead to my liability in a civil court for monetary and punitive damages in a civil lawsuit. In addition, I understand that CalHFA reserves the right to refer allegations of perjury, fraud, or material misrepresentation to the local criminal prosecuting agency (District Attorney's Office) or the California Department of Justice for civil and criminal prosecution. I agree that CalHFA, directly or through its contractors, agents, grantees, or designees, may take such actions as it deems necessary to verify the accuracy of this certification. I further understand and agree that any person or entity contacted by CalHFA and/or its contractors, agents, grantees, or designees, in the course of such verification, may release such pertinent information to CalHFA and/or its to CalHFA and/or its contractors, agents, grantees, or designees.</p> <p>I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p> <table><tr><td>_____ Signature</td><td>_____ Date</td><td>_____ Signature</td><td>_____ Date</td></tr><tr><td>_____ Signature</td><td>_____ Date</td><td>_____ Signature</td><td>_____ Date</td></tr></table> | | | _____ Signature | _____ Date | _____ Signature | _____ Date | _____ Signature | _____ Date | _____ Signature | _____ Date |
| _____ Signature | _____ Date | _____ Signature | _____ Date | | | | | | | |
| _____ Signature | _____ Date | _____ Signature | _____ Date | | | | | | | |