



Applicant Affidavit and Certification for CalHFA Accessory Dwelling Unit Grant

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		
Applicant certifies that I occupy the above Property as my primary residence.		
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		
I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT. I AGREE THAT THE AGENCY (I.E., CALHFA) TO WHICH I AM APPLYING MAY, DIRECTLY OR THROUGH ITS CONTRACTORS, AGENTS, GRANTEEES OR DESIGNEES, 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 THE AGENCY AND/OR ITS CONTRACTORS, AGENTS, GRANTEEES OR DESIGNEES, IN THE COURSE OF SUCH VERIFICATION, MAY RELEASE SUCH PERTINENT INFORMATION TO THE AGENCY AND/OR ITS CONTRACTORS, AGENTS, GRANTEEES OR DESIGNEES.		
_____ Signature	_____ Date	_____ Signature
_____ Signature	_____ Date	_____ Signature
_____ Signature	_____ Date	_____ Signature
_____ Signature	_____ Date	_____ Signature