



## Participant Affidavit and Certification for CalHFA Accessory Dwelling Unit Grant Program

The following entity, \_\_\_\_\_, a \_\_\_\_\_,  
("Participant") has received and reviewed all required documents submitted by

(collectively, "Applicant") for the purposes of supporting the application for a grant to construct an accessor 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:
ADU Construction Requirements		
Participant certifies the construction of the ADU will follow Fannie Mae/FHA ADU feature requirements. ADU construction requirements can be found in Fannie Mae's Selling Guide and FHA's Single-Family Housing Policy Handbook.		
ADU Permits, Fees and Costs		
Participant certifies that any "Eligible Costs" under the terms and conditions of the Program (including locality permit and/or impact fees) related to the ADU construction on the Property have been paid in full.		
Certificate of Occupancy		
Participant will provide CalHFA a Certificate of Occupancy issued by the local jurisdiction upon completion of the ADU.		
Program Income Limits		
Participant certifies that the Applicant's current income meets CalHFA Program requirements. All eligible income sources must be included in the income calculation. Participants shall not exclude or reduce applicant income or remove applicants to meet our income limit requirements.	Annual Income of all individuals used for credit qualifying purposes \$ _____	
Participant 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 applicant (each and every one) is applying may, directly or through its contractors, agents, grantees 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, grantees or designees, in the course of such verification, may release such pertinent information to the agency and/or its contractors, agents, grantees or designees.		
_____ Signature of Authorized Participant Representative		_____ Date
_____ Print Name and Title of Authorized Participant Representative		