

**CAFA First Home - Hometown Heroes Program
Borrower Attestation Form**

(PLEASE PRINT BORROWER'S FULL NAME)

dated as of _____ with respect the property located at
(PLEASE PRINT DATE)

(PLEASE PRINT PROPERTY ADDRESS)

Full-time employee at time of application: YES NO

Provide Employer address (MUST be Louisiana based):

CIRCLE THE QUALIFYING OCCUPATION BELOW – This form is incomplete if a profession is not chosen.

Veterans and Active Military – Cannot be dishonorably discharged

Served or currently serving in any branch of the US Military

Served or currently serving in the Louisiana National Guard

Veterans – DD214 required (COE not acceptable) Active Duty – LES (Leave and Earning Statement) required

Qualifying Education Professions

Be currently employed in a K-12 public, charter, private,
Parochial or parish continuation school or it's school district.

Administrators
Deans and Counselors
Office Staff
School Psychologists
School Social Workers
School Nurses
Lunchroom Staff
Paraprofessionals
Coaches
Custodians and Maintenance Staff
Librarians and Media Specialists
Bus Drivers
School Board Office Staff

Qualifying Healthcare Professionals

Hospital Employees
Nurses (RN, LPN, NP)
Respiratory Therapists
CNA's
Doctors
Medical Assistants
Medical Staff
Specialists
Orthodontist
Endoscopy/Radiology Techs
Lab Techs
Chiropractors
Dentists
Pharmacists
Speech Pathologist

Qualifying First Responder Professionals

Firefighters
Probationary firefighters
EMT
Paramedics
Driver's Engineers
Fire Dispatchers
Field Chief
Lieutenants
Captains
Fire and EMT office staff
Fire and EMT maintenance staff
Volunteer Firefighters
Police Officers
Detectives
Bailiffs
Corrections Officer
Detention Deputies
Border Patrol Agents
Crime Scene Technicians
Criminologist
Crime Lab Analysts
Parole Officers
Dispatchers
Park Rangers
Law Enforcement Office Staff
Substance Abuse Counselor

CAFA is hereby entitled to rely on the Final Signed 1003 and Verification of Employment (VOE) (either written or verbal) provided by the lender or a third-party provider or Borrower(s)' employer.

I acknowledge that knowingly failing to disclose material information to CAFA, or making or causing to be made a false, or fraudulent statement or representation of material fact in an application for use in determining eligibility for a payment under CAFA's Hometown Heroes Program, constitutes a crime punishable under Federal law. I, therefore, certify, under penalty of perjury that all information I have given on the loan application, Program documents, and in any accompanying statements, is complete, true, and correct and I acknowledge that any material omission or false, fictitious, or fraudulent statement or representation or entry could be the basis for civil penalties and assessments under the False Claims Act, 31 U.S.C. & 3729-3733, the Program Fraud Civil Remedies Act, 31 U.S.C. & 3801-3812, and/or criminal penalties under 18 U.S.C. & 1001 or other Federal law.

Borrower Signature _____ Date _____

Co-Borrower Signature _____ Date _____

Co-Borrower Signature _____ Date _____

Co-Signor Signature _____ Date _____