Georgia Dream Homeownership Program	Seller Guide
Surviving Spouse Affidavit	
I,	Iministered by the Georgia Department of Community ant that I am the surviving spouse of
I fully understand that the above statements and the information for a mortgage loan from the Program are public information and by GHFA and/or DCA, and I declare under penalty of perjury, was above statements and information are true, correct and complete:	d may be subject to public disclosure and/or verification which is a felony offense in the State of Georgia, that the
I fully understand that in the event that I receive a mortgage representation or misstatement made by me creates a legal and repayment of the mortgage loan, and may result in a fine and/or in the second se	binding obligation for me to make immediate and full
I fully understand that I hereby release GHFA, DCA and the originating lender from any claims related in any way to my application for this loan or to their verification or enforcement of the requirements of the Program.	
Applicant	Date
Sworn to and subscribed before me this day of,	20
Notary Public	-
My Commission expires on(Notary Seal Affixed Here)	

SG 2025-10-23 Form SF-100 Page 1 of 1