

CERTIFICATION (REVIEWED BUDGET)

SUBDIVISIONS

RE 684A (Rev. 7/16)

DBP FILE NUMBER		CURRENT FILE NUMBER
SUBDIVIDER		MASTER FILE NUMBER
TRACT NUMBER	TRACT NAME	ADVERTISING NAME
STREET ADDRESS		CITY
CROSS STREETS		COUNTY

- A. File information: *(Check one box and enter 2nd, 3rd, etc., and 1, 2, 3, etc., in the spaces below as appropriate.)*
- This is a condominium project located on _____ lot(s). This is the _____ phase of a _____ phase project.
 - The _____ phase of a _____ phase project with no additional tract maps.
 - This is a multiple (tract) map filing, and this application covers the _____ (tract) map of _____ total single-phase maps.
 - This is a multiple-phase, multiple (tract) map filing, and this application covers the _____ phase of the _____ (tract) map of a total of _____ phases and _____ maps.
- B. Complete the following information:
- Number of residential units/lots in this filing: _____
 - Number of buildings containing residential units in this filing: _____
 - Estimated completion date of residential units in this filing:..... _____
 - Estimated completion date of common area improvements and facilities included in this filing: _____
 - Common area lots (numbers/letters) in this filing: _____
 - Common area improvements and facilities included in this filing: _____
- C. The attached copy of CalBRE budget review reflects the budget for this phase was deemed acceptable by CalBRE Special Investigator _____ on _____, File No. _____.
- D. The budgets covering this subdivision are currently under review under Master File No. _____.

CERTIFICATION

I hereby certify under penalty of perjury that the above information is true and correct and that less than twenty-four months have passed since the budget for this phase was reviewed by CalBRE or appropriate budgets are currently under review by the CalBRE.

I further certify that there have been no changes whatsoever in this phase (e.g., number of residential units/lots, common area lots, common area improvements and facilities, etc.) or in the phasing plan and the offering is exactly as represented when the budget was reviewed.

SIGNATURE OF SUBDIVIDER	DATE
PRINTED NAME OF SUBDIVIDER	TITLE
CORPORATION, PARTNERSHIP, JOINT VENTURE NAME, IF APPLICABLE	BUSINESS TELEPHONE NO. (include area code)
BUSINESS ADDRESS (STREET ADDRESS, CITY, STATE AND ZIP CODE)	