

MCC PROGRAM

Issued by
CRHMFA Homebuyers Fund (CHF)
California

SEND APPLICATIONS TO:

Program Administrator
National Homebuyers Fund, Inc.
1215 K Street, Suite 1650
Sacramento, CA 95814
Phone: 866-643-4968 Fax: 916-444-3551
Email: admin@nhfloan.org

MCC ID#: _____

APPLICANT NAME: _____

SOCIAL SECURITY NO: _____

SHADED AREA FOR PROGRAM ADMINISTRATOR USE ONLY

MCC-001 RESERVATION OF FUNDS

Date _____

LENDER INFORMATION

Lender Name:		Title:	
Contact Name:		Email:	
Address:		Phone Number:	
City, State, Zip:		Fax Number:	

APPLICANT INFORMATION

Primary Applicant Info		Co-Applicant or Non-Purchasing Spouse	
First Name, Middle Initial:		First Name, Middle Initial:	
Last Name:		Last Name:	
Social Security #:		Social Security #:	
First-time Homebuyer: (3-year IRS rule)	<input type="checkbox"/> Yes <input type="checkbox"/> No	First-time Homebuyer: (3-year IRS rule)	<input type="checkbox"/> Yes <input type="checkbox"/> No

HOUSEHOLD INFORMATION

Number of Persons that will live in the Residence: _____ Estimated Household Income: \$ _____ /annually

Name:	Age:	Relationship:	Will they be executing the Mortgage/Deed of Trust?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

LOAN INFORMATION

Loan Amount:	\$	Interest Rate:	%	Term:	
Expected Closing Date:		Loan Type:		Purchase Price:	\$

PROPERTY INFORMATION

Street Address:		County:	
City:		State:	
		Zip Code:	
Census Tract:		<input type="checkbox"/> Targeted Area <input type="checkbox"/> Non-Targeted Area	# of Rooms:
Property Type:		<input type="checkbox"/> New <input type="checkbox"/> Existing	# of Bedrooms:
Number of Units:		Square Footage:	# of Bathrooms:

Fax completed Reservation Form to NHF at (916) 444-3551.

If you don't receive a confirmation back within 24 hours, please contact NHF toll-free at (866) 643-4968.

NHF INTERNAL USE ONLY

NHF Online Reservation #: _____ Input Date: _____

Confirmed by (Initial): _____