

MCC PROGRAM
Issued by
 County of Orange, CA

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:	_____	NHF Assigned Lender ID:	_____
Contact Name:	_____	NHF Assigned Lender Branch ID:	_____
Title:	_____	Phone Number:	_____
Address:	_____	Fax Number:	_____
City, State, Zip:	_____	Email Address:	_____

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:	_____ %
Expected Closing Date:	_____	Loan Type:	_____
		Term:	_____
		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): _____