

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-005 CERTIFICATION OF NO INCOME

All income must be verified for anyone receiving assistance. To comply with this requirement, please complete and sign the information requested in the certification below. This information will be held in strict confidence and used only for the purpose of establishing eligibility for the MCC Program.

1. I, _____ do hereby certify that I do NOT receive income from ANY source.

2. I understand sources of income include, but are not limited to, the following:

- | | |
|--|---------------------|
| Employment at a Company or for an Individual | Retirement Funds |
| Unemployment Compensation | Alimony |
| Social Security Income | Income from Assets |
| Workers' Compensation | Pensions |
| Child Support | General Assistance |
| Education Grants/Work Study | Disability Benefits |
| Self Employment | Union Benefits |
| Aid to Families with Dependent Children | Family Support |
| Annuities | |

3. I certify that the foregoing is true, complete and correct. I consent to the making of any reasonable inquiries to verify the statements herein. I also understand that false statements or omissions are grounds for disqualification and/or prosecution under the full extent of the law.

This signature signifies that I receive NO INCOME from ANY SOURCE.

Date: _____

Printed Name

Signature