

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-006 TAX RETURN AFFIDAVIT

I hereby certify that I was not required by law to file a federal income tax return for the following year(s) :

I certify that the foregoing is true, complete and correct. Inquiries may be made to verify statements herein. I also understand that false statements or omissions are grounds for disqualification from the MCC Program and/or prosecution under the full extent of the law.

This signature signifies that I was not required to file federal income tax returns for the years listed above.

Date: _____

Printed Name

Signature