



CalHFA MCC Tax Credit CERTIFICATION OF NO INCOME

MCC Reservation # _____

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

I, _____, do hereby certify that I do NOT receive income from ANY source as of the date of document.

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

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

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 as of this date.

Date: _____

Printed Name

Signature