



CONTRA COSTA COUNTY
DEPARTMENT OF CONSERVATION
AND DEVELOPMENT
Mortgage Credit Certificate Program
30 Muir Road
Martinez, CA 94553
925-674-7885

MCC NO: _____
NAME: _____
SOCIAL SECURITY: _____

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