ALAMEDA COUNTY | Community Development Agency Housing and Community Development Department Mortgage Credit Certificate Program

224 W. Winton Avenue, Room 108, Hayward, CA 94544-1215 (510) 670-5246 / FAX: (510) 782-9741 www.acgov.org/cda/mcc_program

REISSUED MORTGAGE CREDIT CERTIFICATE PROGRAM APPLICATION AND AFFIDAVIT

Date:		
Applicant Information		
Name of Homeowner(s):	/	
Street Address:		
City:	State:	/ Zip:
TEL. NO(S):		
EMAIL(S):	/	
Original MCC #:	_	
<u>Lender Information</u> Participating Lender in MCC Program:	□ Yes □ No*	
Lender Providing Financing:		
Lender Contact:	Branch Location (City):	
Telephone:	Email:	
*If Non Participating Lender, please pro Tax filings:	•	· ·
Final issued RMCC will be sent to the Loan Officer, please enter here: Name		
Information About the 1st Mortgage /	Original Loan & the 1st Refinanced	<u>Loan</u>
Date of Closing of Original Loan (1st M		
Outstanding Principal Balance when Re	efinancing Original Loan (1st Mortgage) an be found on the Final Settlement State	
The Outstanding Principal Balance is the		
Interest Rate of Original Loan (Listed of Date of last Scheduled Payment of Original Loan:	ginal Loan (Listed Note):	
Information About Old Loan (Loan b	being Refinanced) (skip if this is your j	<u>first refinance)</u>
Information About Old Loan (Loan bate of Closing of Old Loan:	being Refinanced) (skip if this is your j	<u>first refinance)</u>
Information About Old Loan (Loan bate of Closing of Old Loan: Outstanding Amount of Old Loan: \$	being Refinanced) (skip if this is your j	<u>first refinance)</u>

Certifications

- 1. I (We) the undersigned, as part of my (our) application for a Reissued Mortgage Credit Certificate ("RMCC") from Alameda County, issuer of such certificates under the Alameda County Mortgage Credit Certificate Program (the "Program"), have provided the information above.
- 2. I (We) certify that I (we) have occupied the Residence continuously since I (we) purchased it. I (We) certify that the Residence will not be used as an investment property, vacation home, or recreational home and that not more than 15% of the area of the Residence will be used in a trade or business. I (We) certify that I (we) will notify Alameda County in writing if the Residence ceases to be my (our) principal Residence.
- 3. I (We) understand that the RMCC, if issued, will entitle me (us) to an annual federal tax credit no greater than what we would have been eligible for under the terms and conditions of the original MCC. My (Our) ability to take full advantage of the annual federal tax credit is directly related to my (our) annual tax liability.
- 4. I (We) agree to pay a non-refundable application fee of \$750 for processing the RMCC.
- 5. I (We) understand that the recapture provisions of my (our) original MCC, under which I (we) may incur an additional tax liability in the year I (we) sell (or otherwise transfer to someone else) the residence, are still valid and in full effect.
- 6. I (We acknowledge and understand that this Affidavit will be relied upon for purposes of determining my (our) eligibility for an RMCC. I (We) acknowledge that a material misstatement fraudulently or negligently made in this Affidavit or in any other statement made by me (us) in connection with an application for an RMCC may constitute a federal violation punishable by a fine and/or denial of my (our) application for an RMCC, or, if an RMCC has been issued prior to discovery of the false statement, immediate cancellation of the RMCC issued, which may be in addition to any criminal penalty imposed by law.

Dated:	
Signature of Applicant(s):	
	PLEASE USE BLUE INK FOR SIGNATURES

Form must be notarized

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California			
County of			
On	before me,		
		(Insert Name and Title of the Officer)	
personally appeared			
		Name(s) of Signer(s)	
subscribed to the with his/her/their authorizerson(s), or the ent	thin instrument and acknown ized capacity(ies), and that tity upon behalf of which the ALTY OF PERJURY under the control of th	vidence to be the person(s) whose name(s) is/are reledged to me that he/she/they executed the same by his/her/their signature(s) on the instrument the person(s) acted, executed the instrument.	in e
WITNESS my hand	and official seal.		
Signature		(Seal)	