

CONTRA COSTA COUNTY
DEPARTMENT OF CONSERVATION
AND DEVELOPMENT
30 Muir Road
Martinez, CA 94553
(925) 674-7885
Alicia.Smith@dcd.cccounty.us



MCC NO:

Name:

Social Security:

Name:

Social Security:

COORDINATOR'S DATA FORM

Please keep copies for your records

LENDER INFORMATION AND ITEMS 1-6 TO BE COMPLETED BY LENDER

1. The undersigned, as coordinator of the Contra Costa County Mortgage Credit Certificate Program, hereby confirms the following information.

Last Name First Name

Last Name First Name

Current Residence

City Zip Code

Property Address

City Zip Code Census Tract No.

2. Is this property located in a designated Target Area? Yes No Closing Date

3. Application Date Mortgage Interest Rate Purchase Price *

4. Loan Type (FHA, VA, Conventional, etc.) Mortgage Amount * Mortgage Payment

5. The MCC loan is for a (check one): New Single Family Home New Condominium
 Existing Single Family Home Existing Condominium Condominium Conversion

Complete All: Square Footage of Home Being Purchased Number of Bedrooms

6. Location of Employment: City County

Annual Income SSN SSN Household Size (**Indicate Number**)

Names/ages/relationship to homebuyer of all household members

Name Age Name Age Female Head of Household
 Yes No
Name Age Name Age

Ethnic Status: White Black Hispanic Asian Other

NOTE: INCLUDE THIS FORM WITH THE INITIAL PHASE OF DOCUMENTS SUBMISSION.

* Revisions to this document will require recertification by the coordinator prior to Lender submitting for County review.

* Increase in loan amounts will require written request for approval by County.