



NORTHERN MARIANAS HOUSING CORPORATION

P.O. BOX 500514 Saipan, MP 96950-0514

EMERGENCY SOLUTIONS GRANT (HESG) PROGRAM PRE-APPLICATION

APP No. _____

Tel: (670) 234-6866
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Fax: (670) 234-9021

Date of Application: _____ Primary Contact No(s): _____ Time: _____

1. HEAD OF HOUSEHOLD INFORMATION

Last Name: _____ First Name: _____ MI: _____

Date of Birth: ____/____/____ Age: _____ Sex: _____ Social Security Number: _____ - _____ - _____

Mailing Address: _____
Box city state zip code

Citizenship: U.S. Citizen Permanent Resident other (specify): _____

2. HOUSEHOLD COMPOSITION

- a) Does any member of your household have a disability? Yes No
- b) Including yourself, please indicate the total number of person(s) that will avail of this program as part of your household: _____
- c) List ALL members who will avail of this program as part of your household below:

First & Last Name	Relation to Head	Birthdate	Age	Sex	Social Security No.

3. FOR PROGRAM STATISTICAL PURPOSES ONLY

Please identify your race and ethnicity by checking one box of each of the two categories below:

Check One: White Black / African American Native Hawaiian / Other Pacific Islander Other; Specify _____

Check One: Asian Hispanic or Latino Not Hispanic or Latino Other; Specify _____

4. SOURCES OF FAMILY INCOME: CHECK ALL THAT APPLY AND IDENTIFY AMOUNT:

- Wages \$ _____ P/A Social Security \$ _____ P/A
- SSI \$ _____ P/M Retirement \$ _____ P/M
- Food stamp \$ _____ P/M Other Income \$ _____ P/A

5. HOUSING STATUS

- 1) Have you received ESG Program assistance in the past? No Yes; When: _____
- 2) Are you currently receiving any type of housing assistance? No Yes; Specify _____

For the following items below, select which category best describes your current housing status:

PART 1: Describe your current primary nighttime residence

Is your current primary nighttime residence a publicly or privately-operated place not meant for human habitation (such as car, park, tent, abandoned bldg., substandard house, etc.) ?

NO (if no, proceed to part 2) Yes; Specify: _____

Do you have any other housing options? No Yes; specify _____

Do you have sufficient resources and support networks needed to obtain housing? No Yes

PART 2: Describe your current primary nighttime residence

Are you currently living in a publicly or privately-operated shelter **OR** is exiting an institution and was literally homeless before entering that institution?

NO (if no, proceed to part 3) Yes; Specify below:

Name of Agency/Program: _____ Length of stay: _____

Location: _____ Exit Date: _____

Do you have any other housing options? No YES; specify _____

Do you have sufficient resources and support networks needed to obtain housing? No Yes

PART 3: Describe your current primary nighttime residence

Are you currently living in an apartment/house or other type of living space not mentioned above, wherein you are told that your right to occupy that living space will be terminated?

No Yes; specify Date of Eviction: _____

Reason for eviction: _____

Do you have any other housing options? No YES; specify _____

Do you have sufficient resources and support networks needed to obtain housing? No Yes

6. ARE YOU CURRENTLY FLEEING / ATTEMPTING TO FLEE DOMESTIC VIOLENCE? No Yes

This HESG-Program Pre-Application is NOT an Official Application Form.

Submission of this Pre-Application does not guarantee immediate assistance nor does it guarantee eligibility for program participation. Completion of this Pre-Application will place your household on a waitlist until notification by HESG Program Staff.

The Emergency Solutions Grant (HESG) Program is funded by the U.S. Department of Housing and Urban Development (HUD).

I certify that the above information is accurate and complete to the best of my knowledge.

I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in the Emergency Solutions Grant (HESG) program.

Head of household : _____

Date: _____

Print & Sign