



NORTHERN MARIANAS HOUSING CORPORATION

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NMHC LAUNCHES CDBG-DR AFFORDABLE RENTAL HOUSING DEVELOPMENT PROGRAMS

As a result of the damages sustained in the 2018 storms – Typhoon Mangkhut and Super Typhoon Yutu, the Commonwealth of the Northern Mariana Islands received an allocation of Community Development Block Grant Disaster Recovery (CDBG-DR) funds, which is administered by the Northern Marianas Housing Corporation (NMHC). In order to address both the direct and indirect impacts of the two storms, the Commonwealth has developed the Rental Rehabilitation, Reconstruction, and New Construction Program to cover the eligible costs for repair or replacement of storm-related damage to individual site rental properties as well as to increase the stock of rental units with new construction or acquisition of individual units. Available rental units prior to the disaster were quickly rented, thus creating an even bigger shortage of available and affordable, safe, decent rental units.

On May 28, 2021 and July 28, 2021, the Board of Directors of the Northern Marianas Housing Corporation adopted the Rental Rehabilitation, Reconstruction and New Construction Program Policies and Procedures – under the CDBG-DR Affordable Rental Housing Development Program. The three (3) CDBG-DR Affordable Rental Housing Development Programs being made available to the public include:

1 to 4 Units Program – This program will provide a combination of interest-free loan (75% of total cost) and forgivable loan (25% of total cost) to rental property owners with one (1) to four (4) units. The forgivable loan portion is forgiven after completing the affordability period that is contingent on the type of construction project. The remaining interest-free loan balance for both rehabilitation/reconstruction and new construction/acquisition will also be forgiven but after completing fifteen (15) years of payments. Tenants must be Low-to-Moderate Income (LMI) individuals/families.

5 Plus Units (Non-LIHTC) Program - The program proposes to address the current housing rental shortage through the rehabilitation and development of affordable rental housing, including acquisition, demolition, rehabilitation and new construction, as it pertains to the development of subsidized and affordable units for Low-to-Moderate Income (LMI) individuals/families.

GAP Filler to LIHTC Program - The program objective is to leverage LIHTC (Low-Income Housing Tax Credits) to extend the impact of CDBG-DR funding with the aim of increasing the inventory stock of affordable multifamily rental units. NMHC intends to optimize the use of CDBG-DR funds by providing gap funding and if needed, interim and permanent loans, to leverage available LIHTCs to create/rehabilitate affordable rental housing. All developments funded through this program will benefit low-and moderate-income populations.

For more information, please visit cnmi-cdbgdr.com or contact the NMHC CDBG-DR Division at Tel. No. (670) 233-9447/9448/9449/9450 or via email cnmi-cdbg-dr@nmhc.gov.net. Applications may be picked up at the CDBG-DR office located on the 3rd floor of the Ladera Building in Chalan Laulau, the NMHC Central Office in Garapan, Saipan, the Tinian Field Office (NMC Campus), and the Rota Field Office, Songsong, Rota from 8:00 a.m. to 4:00 p.m.



“NMHC is an equal employment and fair housing public agency”

Tinian Field Office
Tel: (670)433-9213
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CDBG-DR Office
Tel: (670)233-9447/9448/9449

Rota Field Office
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AFFORDABLE RENTAL HOUSING DEVELOPMENT PROGRAM

1 TO 4 UNITS

PROGRAM OVERVIEW

The Rental Rehabilitation, Reconstruction, and New Construction (which also includes acquisition) Program aims to restore small or individual rental properties damaged by Typhoon Mangkhut and Super Typhoon Yutu. Program to cover eligible costs for repair or reconstruction of damage to real property or to build or acquire new units –

- **Rehabilitation:** The program pays for eligible costs necessary to complete the repairs for rehabilitation or reconstruction of rental units that have not yet been completed, including eligible improvements for resilience, up to a cap of \$200,000 per affordable rental unit.
- **Reconstruction:** The program pays for eligible costs necessary to complete the rebuilt of destroyed units, or if the program determines that it is not feasible to be rehabilitated, up to a cap of \$250,000 per affordable rental unit.
- **New Construction/Acquisition:** The program pays for the new construction of housing unit(s) or acquisition of unit(s) with a cap of \$250,000 per affordable rental unit.

PROGRAM DESIGN

The program will provide a combination of interest-free loan (75% of total cost) and forgivable loan (25% of total cost) to rental property owners with **one (1) to four (4) units**. The forgivable loan portion is forgiven after completing the affordability period that is contingent on the type of construction project. The remaining interest-free loan balance for both rehabilitation/reconstruction and new construction/acquisition will also be forgiven but after completing fifteen (15) years of payments.

- If the project is rehabilitation or reconstruction, the affordability period to LMI households is ten (10) years.
- If the project entails the new construction or acquisition of units, the affordable period to LMI households is fifteen (15) years.
- The remaining interest-free loan balance for both rehabilitation/reconstruction and new construction/acquisition will also be forgiven but after completing fifteen (15) years of payments. Prepayment is allowed but the property is still restricted until after the affordability period ends.
- When the program provides a loan, owners/applicants agree to – the affordable rental period based on type of construction project and, provide affordable rent to LMI populations for any units rehabilitated/reconstruction or newly constructed or acquired by the Program. During the affordability period, all tenants must be income-approved by the Program or by the Housing Choice Voucher program before signing a lease.

NATIONAL OBJECTIVE: Benefit Low-to-Moderate-Income (LMI) persons or households

ELIGIBLE ACTIVITIES: Clearance, Rehabilitation, Reconstruction and Construction of Buildings (including Housing) (HCDA Section 105(a); Public Services (HCDA Section 105(a) (8)).

TOTAL ALLOCATION: For this activity it is \$39,120,667 in aggregate for Affordable Rental Housing Development

ESTIMATE START AND END DATES: Quarter 3,2 2021 through Quarter 4, 2026

BASIC ELIGIBILITY CRITERIA- assistance will be offered to Landlords in one or two rounds based on funding availability. Program will fund the repair of privately owned rental properties with one (1) to four (4) units with outstanding needs not met by insurance proceeds or other resources. Within 60 days of completion of construction and throughout the extent of the Affordability Period, Landlords must offer the units to LMI households with a priority given to Housing Choice Vouchers Recipients.

- Units verified as majorly or severely damaged in Typhoon Mangkhut or Super Typhoon Yutu are prioritized.
- Units are solely year-long rental housing and not as a second home or seasonal or short-term rental property.
- Rents must not exceed the HUD Fair Market Rates as updated annually.
- Properties with four or fewer (\leq) 4 units assisted by the Program (new construction/acquisition) require a minimum Affordability Period of fifteen (15) years codified in the landlord agreement and a recorded covenant, guaranteeing no transient use including second home, seasonal or short-term rental use;

- Applicant must complete a process to verify previously received disaster recovery benefits. Unmet needs are accounting after determining all federal, CNMI, local and private sources of disaster-related assistance, including, but not limited to FEMA, SBA, private donations, property, and flood insurance proceeds;
- All units must meet the legal requirements for tenant occupancy; and
- All units must meet housing quality standards.

PRIORITY VERIFICATION: Once applicant completes the application, the program will collect and review the applicant’s supporting documentation to verify whether they are eligible for the priority. This document describes the round’s prioritization criteria. During the application process, the Program will verify all information provided. If it is determined that any information provided on the application must be modified, based upon the application verification, the result could be a priority change for the applicant, and the application could be placed on hold. The information verified during the application process will be the final basis for determining the priority for the applicant. Should a priority change be necessary, the applicant may be required to wait until their new priority is open for application before proceeding any further in the process.

PRIORITIES FOR ROUND 1 FUNDING:

Due to the limited funding available in the allocation, NMHC will accept applications in ninety (90) day increments as follows –

Priority 1: Units that are majority/severely damaged;

Priority 2: Units that are newly constructed, acquired after the storm(s) or to be acquired.

All units served must be reserved for LMI tenants; landlords who offer properties to Housing Choice Voucher holders will have priority; and rental units with outstanding needs not met by insurance proceeds or other disaster recovery benefits.

DEADLINES FOR ROUND 1 FUNDING:

The application period for Round 1 of the Rental Rehabilitation, Reconstruction, and New Construction program will be open for a period of thirty (30) days but no longer than sixty (60) with starting date to be announced at a later date.

PRIORITIES FOR ROUND 2 FUNDING:

NMHC recognizes that before the storm, the CNMI suffered from a shortage of affordable rental units. The Storms further reduced the limited long-term rental supply. In efforts to place more units into service, Round 2 is available if funds are remaining from Round 1.

Priority 1: Units that are Majorly/Severely Damaged not served in Round 1. All units served must be reserved for LMI tenants with a priority for Housing Choice Voucher holders; and rentals units with unmet by insurance proceeds or other disaster recovery benefits.

Priority 2: Units acquired after the storm; or units that were under construction at the time an application is submitted; and the award amount must be able to bring the unit to an occupancy level; and all units served must be reserved for LMI tenants with a priority from Housing Choice Voucher holders.

DEADLINES FOR ROUND 2 FUNDING:

The application period for Round 2 will be open for thirty (30) days but no longer than sixty (60) days, based on funding availability, starting date to be announced at a later date.

PRIORITIES FOR ADDITIONAL ROUNDS

As funding is limited, the NMHC will prioritize the Program rental units meeting the criteria outlined below. If funds, during the first two rounds, all funds are not obligated, the NMHC may open additional Rounds to match the Round 2 priorities and requirements.

PRIORITIES WITH AN OWNER-OCCUPIED UNIT

Properties with up to two (2) units where the LMI Landlord occupies one of the two accommodations will be eligible for the funding under the Homeowner Reconstruction & Rehabilitation Program and subject to that program’s requirements.

For more information, please see: https://www.cnmi-cdbgdr.com/resources/policies_procedures/

Prográman Bârátu Na Atkilon Guma Yan Guma Sumanao Uno (1) astai Kwarto (4) Na Guma

Puntun Este Na Programa (Program Overview)

I puntun este na program ha'anok na hu malom I man repehan guma ni ti megai pat ma repeha dueñon indibiduat na atkilon guma yan nuebo na man hatsan atkilon guma (ha inklulusu I mafan na guma yan propidât) ni yinamak I dos na pat'yu (Typhoon Mangkhut yan Super Typhoon Yutu). I progrâma para u apasi rosonable na gasto para man hatsan guma pat nuebo na ma hatsan atkilon guma pat manule propidât.

- Man repehan guma: I progrâma para hu apasi I nesario na gasto para un funhayan I repehan guma para mana setbi pat man hatsan atkilon guma ni timunhahayan, ya debi e megut I gima gi hafa na era tana para distroso ya kaulo gi I cap gi \$200,000.00 para man bârátu na atkilon guma.
- Ma hatsan guma ni mayulan: I program u apasi I rosonable na gasto nesario para mana funhayan man hatsan guma yangen esta taya remedioña para ma repeha gaige I chiña I Cap gi \$250,000.00 para kada guma ni para ma atkila.
- Nuebo na man hatsan guma yan ma fahan I Atkilon pat mafahan propidât : I progrâma para hu apasi gaston I nuebo na man hatsan guma pat mamahan guma gaige I cap gi \$250,000.00 para kada bârátu hatkilan guma.

Prográman Taimano Inatan I Gima (Program Design)

I progrâma para huna guaha dos klasin fundon salape, uno para man ayau ssalape ya taya ganaansia ya kantidan salape humuyon sitentai sieti (75%) put sento, pago i otro na fundon salape ma katkula gi trenta (30%) put sento ya ti para un apasi para i dueño i propidât ni mahatikila uno (1) asta kwarto (4) na guma. Eyo na ayau fundon siña pumara man apasi yangen mohon ayan I tetminon atkilon man bârátu na atkilon guma sigun hafa na klasin man hatsa guma. I balansian I soblan na ayau salape ni taya ganansia para ha man repehan guma, pat man hatsan guma, yan nuebo na man hatsa guma, siempre ha manahe hao chansa para un para manapasi dibi yangen i komple i tetminon kinsi (15) años. Mas infotmación:

- Yangen i man repehan pat man hatsa guma ni bârátu ma atkila, para gima I LMI, gaige i tetminon este siha na guma, ataka kinse (15) años.
- Yangen nuebo na man hatsan guma pat mamahan guma ni man bârátu para gima LMI, gaige lokkue gi kinse (15) años.
- I balansian soblan ayau salape ni taya ganansia, pareha para man repehan guma pat man hatsan guma yan nuebo na man hatsan guma pat mamahan guma, i tetmonon siña man bârátu i gima para mana para mana pasi dibi yangen i nafahayan todo i che'cho guma gi halom kinse (15) años. Siña tetfena mana apasi i dibi lao i tetminon man bârátun guma husaga ha taimano gi nagaogao gi kontrata man hatsan este siha na guma.
- Anai i programa man nahe i ayau salape para i dueñon i tano ni guaha atkilon guma, pat aplikanti, debi di uma honra I kontrata na I gima siha ni machochogue maseha taimano na klasin guma i popalasién LMI man siña man atkila maseha mano na klasin guma ni gineti nu I programa. Durantin este na tetminon i man bârátu na atkina guma, todo man atkikila debi di ma apreba papid niha ginen I progrâma pat un fañule Voucher antis di un fitma i kontratan atkilon.

Henerât Na Dineseha (National Prográman Bârátu Na Atkilon Guma Yan Guma Niti Sumanao gi LIHTC (National Objective) Para benenisién I man san papa yan gehilo na suedo (LMI) na man atkilon guma.

I Man Siña Pat Kombeni na Aktibidâ (Eligible Activities)

Para na gasgas I lugat, Man repeha, Man atsan guma yan bula na man athan guma (hualom ha I Housing) (HCDA Seksiona 105(a); Setbisiôn Publiko (HCEDA Seksiona 105(a) (8).

Tutat Todo Salapen Programa (Total Allocation)

Para este na aktibiti gi salape gi \$39,120,667 ma rikohe para man bârâtu na deebelamenton atkilon guma.

Kakulan Nga'en Matutuhon yan Nga'en Ufun Hayan (Estimate Start and End Dates)

Ma tutuhon gi Quarter 2, 20201 astai Quarter 4, 2026.

I Eskeleran Taimano Siña Sumanao Gi Programa (Basic Eligibility Criteria)

Man manahe azudo para i dueño atkilon guma gi fenena na round pat gi segundo na round fundon salape yangen guaguaha fundo. Siño mahayuda i dueño ni guaha uno (1) pat kuarto (4) na atkilon guma yangen ti siña i insurance pat otro na salape ti posible para apas todo i gasto para cho'gue i gima. Gi halom sisenta (60) dias ya mun hayon este siha na guma, debi di ma extendi guato gi ma bârâtu na atkilon guato gi LMI ya man manehe finenena i esta mañule papid niha ni mahahalok Housing Choice Voucher.

- Mofona I gima ni kana todo pat adid mayulan gi pak'yu (Typhoon Mangkhut yan Super Typhoon Yutu).
- I gima ni un años ha atkilon, ya segundo na gimanaha pat kadada na atkilon propidât.
- I atkilon guma ti hupos hafa gaige areklamenton HUD Fair Market Rates ni kada sakan renueba.
- Propidât ni kuarto (4) pat menus di kuarto I asisiti ginen progrâma (para nuebo pat mafan lugat) debi di hu taka kinsi (15) años ya hahanog gi kontrata na ma garentia na taya mato para atkila guma gi atman na tiempo pat afa segundo guma-ña pat ti tinaka un año na atkilon.
- I aplikanti debi una funhaya i ma inan hafa na ayudon salape esta un resibi gi man mapas na pak'yu pot asun asisamenton I pak'yu. I tinahon na gaston probleman guma, siempre ma detemina gi este siha na fundon ayudon ginen Federât, CNMI, fundo ginen getau taotao tano, ha embrârâsâ ayudon ginen programan FEMA, SBA, man nehen salape ginen taotao tano, ginen propidât, pat salape ginen Flood insurance.
- Todo atkilon guma u tatiye I lai' put asunton man atkikil guma yan
- Debi di todo atkilon guma uma tatiye I chi'en kualidât guma (housing quality standards)..

Ma inan Mauleg I Aplikasion-mu (Priority Verification)

Gigun I esta aplikanti ana funhayan I papidña, I programa ha rekohe todo I aplikasion ya ma inan mauleg kao kualifao para hu gaige gi I feneneña gurupao man manahe salape. Este na man ina mauleg I aplikasion este muyon-ña disision para mano chiña I fundon round 1 pat 2. Durantin I pason ma ina mauleg I aplikasion, I progrâma I aligao todo infotmasyon pot este na aplikanti. Yangen sa koso na guaha inpedimento ma choda, simple ma sangani aplikanti na unfanga estake ma baba nuebo na program man athan atkilon guma antis ke ma fitma I kontrata.

(Priorities for Additional Round)

Put rasion na dididi ha I fundon ni mana sangi para este na progrâma na guaha sistema ni kada nubenta (90) dias man asepta aplikasion gi este siha na manera:

Fenenena #1: Todo ni mayuria pat adid na distrosan ira.

Segundo #2: Guma ni pago mahahasa ni ginen I pak'yu. Todo este na guma ni adid mayulana mana sange para I LMI; dueño I man ofresi propidât atkilon guma ni gai Housing Choice

Voucher man mona; kontodo atkilon guma ni timun hahayan pot rasion probleman insurance pat otro na azudon salape, man halom lokkue

Nga'ian Hufapu I fundon Round 2 (DEAD line ES FPR ROUND 2 FUNDING)

I tetminon I aplikasion I Round 2 ma baba para trenta (30) dias, lao ti hupos sisenta (60) dias yangen guaguaha fundo. Sa siempre ma anusia nga'ian matutuhon.

Nga'ian Para Mas Fundon Rounds

Pot rasion na dididi ha I fundon program, I ofisinan NMHC para hu manean mauleg hafa finenena yan taimano ma lista pa'pa. Durantin I round 1 yan round 2, ti todo fundo ma obliga (tiña ma usa). Lao siña i ofisinan NMHC na gigi mas fundo para u nahon hafa manesesita gi Round 2 na gasto.

PRIORITIES WITH AN OWNER -OCCUPIED UNIT

I propidat ni guaha dos guma ma atkikila ya man gaige dueño atkilon guma ni LMI ma atkikila, siña ha kualifikao para I fudon Homeowner Reconstruction & Rehabilitation na programa ya siempre ha ma tatiyi areklamento I programa.

Para mas infotmasion, put fabot atan este: [https://www.cnmi-cdbgdr.com/resource/policies procedures/](https://www.cnmi-cdbgdr.com/resource/policies/procedures/)

Carolinian Translation – 1 to 4 Units

Ammwelal Iimw Ye E Mescherágh Rebwe Atkilai ye e lo llól allégghúl Federód Bwe Iimw(Units) ye (Non-LIHTC)

Tetengegghil Autol Alillis Yeel (TAAY)

Alillis yeel nge ebwe ayoora me férisáfáli atkilal iimw ye mescherágh me iimw kka housing ekki scheeli le abwssu

Alillis yeel nge ekki ammwuri mille emmwel ebwe ssoghol iimw bwe ebwe ayúwlo eew bwuleiyil mal affaiyé. Bwulasiyol NMHC e bwal affataló meeta e mescherágh atkilai iimw nge e bwal toolong utilities, schaal me dengki me eliigh (30) per cent esóbw luuló akkapél sóssólul abwóssul aramas.

Alillis yeel e bwal ammwuri bwe ebwe faisul ebwe peleiló mille ese ghawwul iimw kka rebwe atkilai, reel rebwe aghatchúló me ayúwsefáli. ngere rebwe feyreitiw iimw we, nge raa ayúwtá eew iimw ffé ye ebwe scheliir LMI.

Wóol Alangal Tettengágh (National Objectives or Natonal Desires to accomplish)

Alangal angaangal iimw nge ebwe mesecherágh reel schóól LMI rebwe lo llól. Iwe emmwel llól allégghúl Federód rebwe bwobwogh selaapi faal ittal LMI ngere LMH, nge e bwal lo llól bwe WAT (Wóol Alangal Tettengágh).

Alillis yeel ebwe ayoora ppol llól tiliighi ye schóól ffermeeta (developers) me scheleer (partners) ikka re tuutá nge re akkapalló bwe rebwe atabwei aweewel housing, bwe limeigh me eew (51%) per cent iimw re atkilai ngeliir LMI. Lappal LMI ikka rebwe atkila nge ebwe weewe fengel me meeta selaapil CDBG-DR raa yáali me meeta ye resáal yáliló.

Meeta Mwóghuttughut Ikka Emmwel Rebwe Fééri

Mwóghuttughut-Ikka Emmwel Rebwe Fééri nge iimw kka rebwe aghatchúló me iimw kka reláal féritá nge ebwe mescherágh rebwe atkilai ye e maas sóbweiló faal:

Falúw ye re amméw nge rebwe atabwei aweewe ye reghal ira bwe “Uniform Relocation Assistance” me Falúw kka raa amméw bwe aal Federód ngere alillis yeel, nge ebwe tabwei allégh ye (HCDA Telil 105(a)(1).

Alangal aghatchúló imwal gobietno nge e bwal lo llól allégh ye (HCD telil 105(a)(2).

Reel rebwe aghassaghasa bwulei, aghatchúló me akkayúw iimw (e bwal toolong housing) nge e bwal lo llól allégh ye (HCDA telil 105(a)(4)'

Mwóghuttughuttul ammwelil towlap nge e bwal lo llól (HCD Telil 105(a)(8).

Schóól féril iimw rebwe ghola meeta ye housing ekki aweewe reel akkapél ye rebwe atabwei.

Emmwel ebwe luuló meeta housing ekki aweewei nge ebwe mmwel ngere e ghatch gasto kka u yáali ngeli iimw

Selapil alillis yeel nge emmwel rebwe yááyá ngeli;

Rebwe amméw falúw, rebwe ammwela bwulei, rebwe akkayúw me meeta ye e nesesariyo rebwe feriló ye reghal ira bwe soft cost (sibwe ira bwe gasto kka féril meeta ye ese ghatch ngeli aramas bwe ete somway ngere rese fééri) ye rebwe fééri bwe ekki tingóór lló akkayúw iimw bwe e feyir malamal.

Sibwe ira rebwe abwóssu gasto kka u fériséfáli iimw, u siwili meeta e feyir, akkamél falúw, gastomw me gasto kka e mmwel rebwe abwóssu bwe e lo llól yómw kontratal akkayúw iimw me meeta maas ubwe fériló falúw kka e lo iimw kkaal.

Ngere e tooto atol bwe ubwe fériló bwulei ye essow léélé nge emmwel gastomw rebwe abwóssu reel falúw kka arol ngere llól ebwughiw (100) ráágh flood plain.

Re ayoora alillis ye reghal ira bwe “Gap financing” reel LIHTC (Low Income Housing Tax Credit) bwe bisnis kka re tutá nge ebwe scheliir reel tétiwwal lappal dibiir.

Rebwe aschischi fengel reel gastol mwóghuttughut ikka emmwel sibwe parangi ghatchúw nge esóbw ghi tomwogh gasto.

Iyo kka Emmwel Rebwe Tuutá Llól Alillis Yeel

Schóól gobietno ngere saabw schóól gobietno me schókka eyoor falawer rekke atkilai ngeliir LMI aramas kka e sssol abwssur.

Aschai bisnis, ngere re schufengel llól bisnis, ngere re ppap-fengel, Saabw alangal mwóghuttughuttul bisnis nge re schufengel, Trust, Corporation, Limited Liability Companies, me bwal eew schu ye emmwel llól allégh lappalappal falúw.

E bwal toolong schókka re ayoora schulap bwe profit making corporation ngere non-profit corporation, nge e bwal toolong limited profit, ngere nonprofit.

Ebwe abwááriló bwe e ghulei meeta autol aal bisnis me igha e ayoora mescherághil atkilal iimw, bwe rebwe atkila, me bwal i reel meeta gastol me meeta ekke toolong llól yaal bisnis reel atkilal iimw nge e bwáá llól tiliighi me fitimal aramas kka rekke angaang me e faisil yómw bwulasiyo.

Ngere yeel dueniyol bisnis ebwe bwáá bwe ruschai aramas re schu reel bisnis, ngere joint venture nge tori bwe ebwe mmwel ebwe tutá llól eew (1) ngere ruwow (2) alillis ikka weilang, nge ekke ira bwe malle schóluwómw (partner) ebwe kke bwáá llól alangal mwóghuttughuttul bisnis.

Alangal Aschischiil Selaapi

Alangal selaapil féril atkilal iimw nge \$39,407,033.00.

E Faisúl Ebwe Schungeli Malamal

Alangal alillis nge ebwe bwááló bwe e toolong gastol malamal kka Mangkhut me Yutu. Nge selaapil CDBG-DR mille emmwel rebwe yááyá reel meeta gastol malamal, igha schagh e toowow allegh ye (Rehisteral Federód, Vol. 85, Numerol 17 ye e toowow llól Enero 27, 2020 nge Presidentil Amerika aa arongóló wóól falúw bwe aa ghi feyir nngaw (disaster) bwulei ye e lo llól allegh ye Stanford Act (2).

Ileetá Ebwe Bwel Me Ileetá Ebwe Takk

Ebwe bwel mwóghuttughuttul akkamél falúw, akkayúlsefáál iimw, ngere aghatchúló meeta, nge ebwe bwáá lepatal 2021 mwette ngeli 2026 ye raa maas sóbweiló llól aweewel CDBG-DR me meeta kka re siwililó.

Bwulei kka Rebwe Scheeliir

Llól téél falúw kka afáng ye e lo Seipél, Tchúliyól, me Luuta, nge eghi bwáá bwe Seipél me Tchúliyól, mille re affeli; bwe bwulei kkaal mille eghi nngau feyiril. Esóbw luuló waliigh (80%) per cent selaapi ye rebwe yááyá reel munisipat ikka ruwow.

Aighúúghúl Selaapi Emmwel Ubwe Tingór

Lappal selaapi ye rebwe yááyá reel maas kke eew familiya nge \$31,120,667, nge gasto kkada iimw reel rebwe ayúw nge e ghola \$200,000.00.

Lappal selaapil mille maas kki eew familiya rebwe atkila, nge \$31,120,667.00, nge eew iimw nge emmwel gastol ebwe \$200,000.00. Nge asefánil gastomw nge e gholátá \$200,000.00.

Lappal selaapil mille eew schagh iimw reel rebwe atkilai nge \$8,286,366.00. Nge reel lappal ghommwal ghilighilil selaapi nge \$200,00.00 reel rebwe abwóssu gastomw. Nge ese mmwel rebwe

abwssu matiriad ikka aa ghi lling me tchow. Iwe akkayúl iimw kka e fféetá bwe rebwe atkilai nge emmwel selapil ebwe \$250,000.00.

Nge alillis ngeliir schókka reghi affaiyé, sibwe ira schókka re LMI me aramas kka reghi akkaschai schagh. Selapil alillis ye e bwal toolong rebwe scheliir aramas kka re lo mille VLI (Vey Low Income) nge abwssur ese luul eliigh (30%) per cent akkape we (AMI), e bwal toolong aramas kka e weires ilighiir, me bwal aramas falúw ikka re akkáschai schagh, me aramas ikka e bwal weires ilighiir, me e bwal toolong eghi sóssól abwóssur, nge bwal tax credit emmwel bweigha waliigh (80%) per cent VLI rekke atkila iimw, me bwal mmwel ebwe tori ngere ebwe ghola oleigh (60%) per cent lapper ye ebwe mmwel reel tax credit rebwe file-li bwe ebwe atabwei akkapél AMI.

Iwe angaang ikka re bwal yááyá selapil lughul ye reghal ira bwe financing nge rebwe affata ghatchúw bwe rebwe ghulei fitow selapil CDBG-DR rebwe yááyá. Alangal tiliighil meeta selapil lughul ye u yááyá ebwe toolong reel housing bwe ammwuri ebwe faisúl ghitighitil selaapi rebwe ngallégh reel block grant bwe ebwe ghatch meeta ukku malal ubwu atakkaló.

Ssowur familiya rebwe atkila reel rebwe fééri waluw (8) iimw ngere maas rebwe atabwei allégh ye Davis Bacon ekke aweewei nge ebwe lo bwe iyeel mille rebwe atabwei ngere ubwe mmwel ubwe toolong llól milikka faal:

a. Dibi ye emmwel usóbw abwóssu nge e lo reel mille Forgivable Loans

I. Emmwel ebwe tooto atol nge (Ebwele takkaló atol ebwe mescherágh atkilal iimw. Ese bwal ffétá schagh, bweigha schóól atkilal iimw nge re bwal kke alisiir reel housing).

II. Tiliighil kontrata yeel, nge rebwe amwákki yaar iisch wóól bwe ebwe ffataló reel lááláyil atol mille ebwe mescherágh atkilal iimw nge rebwe tabwei ifa leyil e maas láálááló.

b. Selapil Federód Grants

I. Esóór meeta ubwu abwóssu reel selaapi yeel bwe grants. Bwulasiyol NMHC tippal bwe ebwe ghommwal isissiwow selapil ye grant reel bisinis kka re mwuschel rebwe aghatchúló iimw kka rebwe atkilal

II. Ebwe ayora ppol ye reghal ira bwe Deed of Trust bwe ebwe bwungiw fengelli atol lááyil mescherághil atkilal iimw ngere atol dibi ifa leyil e láálááló.

Atol Rebwe Ghi Ammwuri Ghatchiw Yómw Tiliighi

Bwulasiyol NMHC ebwe ammwuri ghatchiw atol yómw tiliighi reel angaang ye ubwe fééri ngere ebwe mmwel meeta u ira bwe ubwe attackka llol ato ye 15-20 ráágh, e faisúl schagh autol kontrata ye ebwe mescherághil atkilal iimw llól atol ye rebwe fééri ghatchiwló ye ekke ira bwe seeigh me limow (15) ráágh, nge iimw ikka e ffétá nge ruweigh (20) ráágh bwe ebwe mescherágh atkilal iimw. Eyoor atétel mille rebwe ammwuri ghatchiw meeta eghal fééri llól ráágh kka au angaang wóól iimw kkaal.

Ngere eyoor maas tipomw nge ammwuri milleel: <https://www.cnmi-cdbgdr.com/resources/policies/procedures/>

AFFORDABLE RENTAL HOUSING DEVELOPMENT PROGRAM

1 to 4 UNITS

Responsibilities of LANDLORDS

APPLICATION INTAKE

Once a Landlord has completed an application and it is submitted to the Program's system of record, he, she, or the entity is an applicant to the Program. From that point forward, applicants must abide by all Program policies and procedures outlined in this manual. All required documentation may be submitted either electronically or in person. All owners must be listed on the Program application. All owners must sign all program forms.

APPLICANT RESPONSIBILITIES

Applicants are advised that additional information may be required for the Program to properly calculate the assistance and Loan Amount. They should maintain all records, receipts, invoices, and other documentation related to any repairs, construction, or clean-up of the damaged properties. The Program reserves the right to request additional documentation and the applicant is obligated to be responsible to these requests to produce such documentation as requested. This obligation continues even after all repairs have been completed and all award funds have been disbursed.

Landlords are also required to provide all information requested by the Program on their tenants; including but not limited to name, contact information and current rent.

Applicants applying to the Program for assistance have the responsibility to keep the Program informed of current contact and ownership information. Applicants are responsible for actively participating in the process and providing access to their property for damage assessments, environmental testing, construction, and construction progress inspections. The Program will make every attempt to remain in contact with each applicant via phone, e-mail, and U.S. Postal Service written correspondence.

If an applicant demonstrates a pattern of unresponsiveness, the Program will institute a communication due diligence procedure, after which applicants will be notified that their continued participation in the program may be in jeopardy. The non-responsive procedure includes all the following:

1. Three consecutive unreturned phone calls;
2. E-mail notification of attempted phone calls and request for applicant contact, and
3. U.S. Postal Service notification via certified mail with return receipt required.

If after the full succession of these communication attempts an applicant still fails to contact the Program within thirty (30) days of the U.S. Postal Service notification mail date, the applicant will be placed on an inactive status. The applicant will be notified by e-mail and certified mail that they are on an inactive status. If the applicant does not contact the Program within thirty (30) days of notification of inactive status, the applicant file will be withdrawn and administratively closed.

Applicant agrees not to transfer the damaged property or any interest in the damaged property, whether voluntarily or involuntarily, until the rehabilitation or reconstruction to be performed under the program has been completed.

OWNERSHIP AND OWNERSHIP VERIFICATION

Ownership of the property will be verified prior to an award or Loan Agreement execution. For properties with 2 or more rental units, one of which is an owner-occupied unit, the applicant must have been the owner of record at the time of the applicable storm. An individual with Power of Attorney (POA) for the owner may completed the application on the applicant's behalf.

In the case of properties, which have multiple owners, only one application can be submitted, listing all owners, and all owners will need to execute loan agreements. Properties owned by LLC or other ownership type, private or non-profit are eligible.

If Landlords own multiple eligible properties, they must submit multiple applications to the Program (one for each property). The Program may limit the number of units per Landlord due to limited funding and location. NMHC may consider awarding two or more units per landlord if the location is in proximity to schools, grocery stores, laundry facilities, etc. However, the landlord must demonstrate that they have the financial means to meet the debt service to NMHC.

When possible, the Program will validate applicant ownership of the damaged property using recognized third-party database services to expedite applicant processing. Ownership is verified by comparing property and application information with the names and addresses on the property records from the time of the storm and most recent information available.

PROPERTY ELIGIBILITY CRITERIA

Properties must meet the following:

- Close to neighborhood schools, grocery stores, and laundry facilities;
- Must be and must remain as full time, year-round rental during Affordability Period;
- Must have experience major or severe damage from either Typhoon Mangkhut or Super Typhoon Yutu as a priority;
- Must be between one (1) and four (4) rental dwelling units. A rental dwelling unit is defined as having complete independent living facilities for one (1) or more persons, including permanent housing units;
- Eligible mixed –use property containing both commercial/office uses (groceries, corner stores, etc.) and residential uses (primary residences, rental units, etc.) prior to the storm are eligible only for the residential components of the property. These rental properties will receive an award only for each affordable residential unit. When determining whether a commercial property is within the eligible number of units (one to twenty) the commercial units will not be considered in the number of units. Owners must demonstrate intent and financial capacity to complete code-compliant repairs of the entire property.
- Contract for Deed (Land Contract): These contracts must be converted to sale and the Landlord must obtain a warranty deed to be eligible for the Program;
- Single Room Occupancy (SRO) units. SRO units are residential properties that include multiple single room dwelling units where each unit is for occupancy by a single individual with shared kitchen and/or bathroom.

Properties not eligible are the following:

- Structures or spaces for commercial uses prior to the storms, which will be converted to residential rental space;
- Second homes, vacation rentals and short-term rentals;
- Bankruptcy: Any property included in an open bankruptcy will not be received assistance from the Rental Rehabilitation and Reconstruction Program

- RVs and houseboats are NOT eligible structures;
- Properties that are delinquent on taxes or mortgage payments and do not have an approved verifiable payment plan in place are not eligible.

UNIT OCCUPANCY

After applying to the Program, the Landlord shall not rent any units identified on the application as vacant until a Certification of Occupancy has been issued, and the Program has verified the income of potential tenants. Once this is complete, the Program will notify the Landlord that their unit can be occupied by the tenant they have identified. Properties that are currently occupied are eligible for assistance. Landlords will not be allowed to participate in the Program if a tenant was wrongfully evicted from the property.

DUPLICATION OF BENEFITS REVIEW

Under the requirements of “The Robert T. Stafford Disaster Assistance and Emergency Relief Act” (42 USC 5121, et seq.), as interpreted and applied by HUD, the Program must consider certain aid received by applicants or subsequent owners, when applicable, in determining the amount of assistance which can be granted. The Stafford Act prohibits any person, business concern or other entity from receiving financial aid from CDBG-DR funding concerning any part of a loss resulting from a significant disaster and financial assistance under any other program or from insurance or any other source that has been provided to the Landlord. Sources of DOB compensation include funding assistance sources for structural damage and loss related to the disaster. The Compliance Division will assist Landlord in completing a DOB analysis.

Federal regulations require the NMHC to conduct a duplication of benefits (DOB) analysis to ensure that one (1) applicant does not receive more Federal funds than needed, and two (2) Program funds are used to meet a need that still exists after considering other funds received.

- Sources of Potential Duplicative Assistance:
 - DOB reviews are calculated on the whole property (not individual units). Owners that purchased the rental units after the storms must include evidence of when property hazard insurance was obtained along with ownership and damage condition. The following sources of funding assistance provided for structural damage and loss that may be considered a DOB and under federal law must be deducted from the assistance provided:
 - FEMA Individual Assistance for Structure Repair (IA) (for only the owner-occupied unit)
 - FEMA National Flood Insurance Program (NIFP or increased Cost of Compliance (ICC))
 - USDA disaster loans
 - Private Insurance
 - Small Business Administration (SBA) Loans
 - Charity or any other funding source that may duplicate assistance
- Allowable Activities:
 - Any portion of DOB funds that has been determined to have been spent by the applicant on Allowable Activities below will reduce the amount considered to be a DOB. The applicant will be responsible for accurately reporting the specific amounts spent on the Allowable Activities:
 - Repair expenses to make the structure sufficiently safe and sanitary to be temporarily habitable, including emergency repairs;
 - Contractor fraud
 - Forced mortgage payoffs

- Legal fees

- ❖ Repair Expense:

Applicants will be able to deduct from their DOB insurance, SBA, and FEMA amounts spent to repair their property due to damage by the Disaster. Examples of allowable repair expenses include the following:

- Structural repairs (roof, foundation, electrical, plumbing and windows)
- Limited debris removal
- Mold remediation
- Labor, material and equipment rental to repair the damaged residence (carpeting, cabinetry, flooring, fixtures, doors, walls and ceilings) permanently or temporarily
- Demolition costs
- Installation of wells, cisterns, septic tanks, electricity, HVAC, and plumbing
- Grading or leveling of property
- Rental of disposal and removal equipment (backhoes and dumpsters)
- Other costs or expenses associated with repairing, stabilizing or reconstructing the property
- Tree/shrub removal if tree/scrub blocked access to the property or presented a safety hazard

More specific examples considered to be allowable activities:

- Tarps
- Building supplies
- Siding
- Paint
- Weather head
- Water heater
- Sewer/septic

Require repair expenses documentations may include the following:

- Receipts (if applicable)
- Paid invoices
- Validation by Construction Inspector

SUBROGATION

All duplicative funding received must be remitted to the Program, regardless of when it is received. If the applicants receive additional funding for the same purpose as the Program award (permanent repair to storm damaged property) after the Program award is executed, the applicant is required to remit the additional funding to the Program. By accepting the award, applicants agree that they will remit any duplicative funds to the Program, whenever received.

UNIFORM RELOCATION ACT (URA) REQUIREMENTS

In keeping with the Uniform Relocation and Acquisition Policies Act of 1970 (URA), tenants occupying a unit that requires rehabilitation or reconstruction may be eligible for relocation assistance. The regulations implementing the URA are found at 49 CFR Part 24. The program will also consider the provision of temporary relocation benefits to resident owners under circumstances of extreme hardship. These will be considered on a case-by-case basis.

- Qualifying for Relocation Assistance:
 - Landlords are not entitled to benefits under the Uniform Relocation Act. Pursuant to Public Law 105-117, undocumented persons that are not lawfully present in the United States are not eligible for relocation assistance unless such ineligibility would result in exceptional hardship to a qualifying spouse, parent or child. All persons seeking relocation assistance will be required to certify that they are of United States citizen or national or an alien lawfully present in the United States.
- Temporary or Permanent Relocation:
 - As determined by the Program and in compliance with applicable laws and regulations, tenants who must move from their residential rental unit permanently due to rehabilitation, demolition or reconstruction or temporarily while repair work is underway may be eligible for relocation benefit as defined under URA. At the time of application, Landlords will be asked to certify their units' status (occupied/vacant) along with names and contact information for all tenants, current rent rolls, and copy of leases.

If tenants require temporary relocations while repairs are underway, tenant must be permitted to return to and reoccupy their original units or other similar units on the same property upon completion of the work at rents that equal to the pre-temporary relocation rent or 30% of their income.

- Failure to Comply with URA Requirements:
 - If a Landlord refuses to allow the temporary relocated tenants to return and reoccupy their former units or violates the requirements of the Uniform Relocation Act in other ways (e.g., eviction, cash for keys), the Landlord will be declared ineligible for the program (if prior to loan signing) or be considered in violation of their loan agreement (if violation is discovered post-loan signing). In either event, the NMHC reserves the right to exercise all remedies as allowed in the recorded documents'' the Landlord may be required to reimburse the Program for any temporary or permanent relocation expenses associated with any displaced tenants. NMHC may not release the retention until any and all tenant claims are resolved. These costs may include tenants' increase housing costs, moving expenses and necessary out-of-pocket expenses.

ENVIRONMENTAL ELIGIBILITY REVIEW

All activities funded by CDBG-DR are subject to the provisions of the National Environmental Policy Act of 1969 (NEPA), as well as to the HUD environmental review regulations at 24 CFR Part 58. The primary purpose of this Act is to protect and enhance the quality of our natural environment. The HUD environmental review process and all necessary consultations must be completed before any funds are committed and disbursed for eligible expenses. Thus, prior to the notice to proceed funding all construction types or acquisition, the Program will conduct an environmental review on each property, which includes a site inspection.

24 CFR Part 58 states that the Responsible Entity (RE); in this case NMHC, may tier its environmental reviews and assessments to eliminate repetitive discussion of the same issues at subsequent levels of review. Tiering is appropriate when there is a requirement to evaluate a policy or proposal in the early stages of development or when site-specific analysis or mitigation is not currently feasible, and narrow or focused analysis is better done later.

LOAN DETERMINATION

The program determines the assistance and loan amount by calculating the estimated cost of repaired damages and/or total repairs needed based on the construction manager (with A/E consultant) approved damage assessment less the duplication of benefits an applicant received for the same purpose. New Construction or acquisition cost will also be reviewed for cost reasonableness. The Program then will consider the respective priority tiers, based on property

occupancy status. For disabled applicants, a review and analysis of the cost reasonableness of any potential special accommodations, not in the standard repair estimate, may be made. Upon completion of the review and analysis of the cost, the applicant will receive a determination regarding inclusion of each item in the final repair estimate. Loan assistance is capped at \$200,000 per eligible for rehabilitation and \$250,000 per unit for reconstruction new construction, or acquisition.

CONSTRUCTION MANAGEMENT

The Program will manage the construction process through completion of the rental units on behalf of the rental Landlord. The Program desires to offer the most appropriate and cost-effective options for Landlords. It will procure design services as needed for the reconstruction or repair on a case-by-case basis. The Program will contract with a construction contractor and assign the contractor to the project. The Landlord will work with the design team and builders in the selection of standard finishes and fixtures.

If the rental property or certain units are determined to be substantially damaged, the Program funding will be used to reconstruct the property. Substantially damaged properties are those where the cost of rehabilitation makes this option unfeasible, as determined by local officials or by the Program. Landlords who have already demolished their damaged structures must provide documentation of the structure type, square footage, and damage to the unit(s) caused by the storm. Applicants must also provide any notice of condemnation, substantial damage notification, or other issued notice of requirement to demolish. If the cost of repairs is determined to be less than the cost to reconstruct, the property will be repaired.

The Program will oversee the entire rehabilitation, reconstruction, new construction, or acquisition process from beginning to end. It will utilize builders from the pre-qualified contractors' pool that has been for the CDBG-DR projects. The program will pay the loan proceeds directly to the construction contractor, based on the Progress Inspections for work completed.

AFFORDABILITY PERIOD

Upon completion of construction. The Landlord is responsible for selecting and pre-qualifying eligible tenants throughout the affordability period. Thirty (30) days prior to construction closing, the Landlord and Program Staff will be developing marketing plans. Sixty (60) days after the construction close out date, the rental property must be leased to a low-to-moderate income household within the Fair Market Rates. Failure to lease the repaired unit(s) at the Program's affordable rental schedules for a period of at least 1 year will result in default requirement repayment of the CDBG-DR funds.

FINAL LOAN RECONCILIATION AND CLOSEOUT

Once the file has passed Compliance, the file will undergo a Final Loan Reconciliation. This review will include final DOB (Duplication of Benefit) review and incorporate any final scope adjustments. The Compliance and Monitoring will send the Landlord a letter indicating any changes to the Loan award. The applicant must return a signed copy of the Final Loan Reconciliation within thirty (30) days.

If the applicant owes funds back to the Program, an accounts receivable will be opened, and the file will not move forward until the requested funds are repaid to the Program. If a final payment or retainage payment is owed to the applicant, then upon receipt of the signed Final Loan Reconciliation, final payment or retainage payment will be issued to the applicant. After any disbursement or over-disbursement reconciliation, the file is ready for final closeout and archive.

NMHC will process the removal of the Declaration of Covenants and Restrictions at the time that the affordability period concludes. The covenant to obtain and retain flood insurance will remain in perpetuity. Applicant is notified in this correspondence that he/she no longer has any obligation to the Program. The applicant is instructed to keep all receipts and documentation for at least five (5) years in the event their file is audited or reviewed. Once complete, the file will move to Application Archival status.

APPEALS AND CONSTRUCTION GRIEVANCE PROCESS

The Program will implement a thorough process for Landlord appeals. The appeals process will be documented and posted on the CDBG-DR website. Program staff will provide Appeal Forms and detailed instructions on how to file an appeal to all Landlords as part of their initial discussions of the Program. The appeal process will also be detailed in all award letters or letters communicating ineligibility.

Applicants can file an appeal for one or more of the following reasons:

- Program
- Eligibility Determination
- Award calculation, prior to execution of the Loan Agreement
- Duplication of Benefits components
- Scope of Work
- Work in Place (WIP) or
- Estimated Cost of Repairs (ECR)

Applicants may not appeal policies that have been approved and incorporated by the Program, such as the Program's process for assessing the value of materials eligible under the Program. In addition, applicants are not allowed to appeal the award amount after loan execution. Furthermore, statutory, and regulatory requirements and guidelines may not be appealed.

When an appeal is filed, the entire file will undergo a review. The review will not be limited to the issue for which the appeal was filed. This may result in a positive or negative change to the status of the file or amount of the award.

Applicants may file an appeal by completing the Appeal Form from their Program staff. The Program staff can assist if the applicant is completing the form. An applicant must submit a formal Appeal Form within one of the following time limits:

- (1) Thirty (30) days from the date of the Award Letter or Ineligibility Letter or 30 days from receipt of the Scope of Work, WIP, ECR, etc.



CDBG-DR Affordable Rental Housing Development Program
Application Checklist

Sole Proprietorships		Partnerships		Corporations		LLCs	
Completed Application (Signed)		Completed Application		Completed Application		Completed Application	
Photo ID		Photo ID's of Partners		Photo ID's of Principals		Photo ID's of Members	
Business Plan		Business Plan		Business Plan		Business Plan	
BGRTs		Business Financial Statement (2 Years)		Business Financial Statement (2 Years)		Business Financial Statement (2 Years)	
Interim Business Financial Statement		Interim Business Financial Statement		Interim Business Financial Statement		Interim Business Financial Statement	
Personal Financial Statement		Personal Financial Statement (Partners)		Personal Financial Statement (Principals with ownership > 20%)		Personal Financial Statement (Members with ownership > 20%)	
Individual Income Tax Returns (2 Years)		Individual Income Tax Returns (2 Years)		Individual Income Tax Returns (2 Years)		Individual Income Tax Returns (2 Years)	
2 Most Recent Check Stubs		2 Most Recent Check Stubs		2 Most Recent Check Stubs		2 Most Recent Check Stubs	
Business License (If Established)		BGRT for 1 Year (If Established)		BGRT for 1 Year (If Established)		BGRT for 1 Year (If Established)	
\$14 Credit Check Fee		Business License		Business License		Business License	
Collateral Documents		Partnership Agreement		Certificate of Incorporation		Certificate of Organization	
Deed for Property		\$14 Credit Check Fee (For Each Partner)		Articles of Incorporation		Articles of Organization	
Map to Property Location		Collateral Documents		Organizational Minutes		Operating Agreement	
Pictures of Property		Deed for Property		Bylaws		Annual LLC Report	
		Map to Property Location		Annual Corporate Report		Resolution to Borrow	
		Pictures of Property		Resolution to Borrow		\$14 Credit Check Fee (For Each Member)	
				\$14 Credit Check Fee (For Each Principal)		Collateral Documents	
				Collateral Documents		Deed for Property	
				Deed for Property		Map to Property Location	
				Map to Property Location		Pictures of Property	
				Pictures of Property			

Financial business projection must show enough sales/income to cover the monthly loan payment. If any, what type of security or collateral would be offered to secure the loan?





Northern Marianas Housing Corporation Community Development Block Grant – Disaster Recovery (CDBG-DR) Program



CDBG-DR Project Application Form (Scope, Eligibility, and Budget)

Company/Agency Name: _____

Project Name: _____

Northern Marianas Housing Corporation
Main Office
P.O. Box 500514
Saipan MP, 96950
Phone (670)234-6866

Northern Marianas Housing Corporation
CDBG-DR
(670)233-9447

GENERAL DESCRIPTION FORM INSTRUCTIONS

Mark the appropriate box at the top of the form to indicate whether this is the original application or amended application. An amended application must be submitted each time there is a change to the project. Please enter the amendment number that corresponds to each change. (ex: *First change to the original approved application would be Amended Application #1*)

1. In the **Applicant Name** box indicate the entity's name (ex: *Northern Marianas Housing Corporation*), the person in the applicant's office to be contacted regarding this application, address, phone numbers of the entity requesting funds and contact person, and e-mail address of contact person.
2. **Program.** Select program your proposed project falls under.
3. In the **Project Name** box indicate the name of the project (ex: *Building of Low/Mod Rental Units*).
4. In the **Architectural/Engineering Firm** box indicate the name, address, phone number, and e-mail address of the architectural/engineering firm for this project if one was hired by the applicant.
5. In the **Environmental Firm** box indicate the name, address, phone number, and e-mail address of the environmental firm for this project if one was hired by the applicant.
6. **Tie to the Disaster.** Provide a detailed explanation on how your project is tied to Super typhoon Yutu and/or Typhoon Mangkhut. **Note:** *Please provide before and after pictures if applicable, reports or data received to support your proposed activity.*
7. **Project Description.** Provide a concise description of the project for which you are requesting funds. The description should tell the entire story of the proposed project that will enable NMHC to make a sound decision on the eligibility of the project. Please respond to as many questions as possible that pertain to the proposed project in this section. If the question does not apply to the project, please enter "N/A".
8. In the **National Objective** box indicate which national objective will be addressed by the project.
9. **Eligible Activities.** Select the appropriate eligible activity that your proposed project will fall under. Most CDBG-DR appropriations require funds to be used for necessary expenses for activities related to disaster relief, long-term recovery, restoration of infrastructure and housing, and economic revitalization in the most impacted and distressed areas.

The activity must be CDBG-DR eligible or allowed via a waiver, address a disaster-related impact in a Presidentially declared county, and meet a national objective. Disaster-related activities are those that demonstrate (1) a logical connection to the disaster, (2) correlation to Housing; and (3) how the activity will contribute to long-term recovery. **Note:** *Grantee must determine what documentation is sufficient and reasonable to show how activities respond to disaster-related impact.*
10. **Duplicate of Benefits.** Provide information that may be seen as an additional funding source (ex. Insurance, monetary donations, FEMA, SBA) for the intended project.

Note: *The applicant's Organizational Head must initial the appropriate pages, sign and date the completed application and the project budget to signify approval. Type the **Organizational Head's** name and title in the appropriate boxes. A signature signifies the approval by the Organizational Head.*

Please attach additional sheet(s) if extra space is needed.

7. Project Description (Answer the questions below)

a. Based on the CNMI action plan and the program selected in section 2 of this form, describe the proposed project to be funded with CDBG-DR funds. This section should include the project timeline.

b. Briefly explain the needs to be addressed with the proposed project

c. Show that the project considers and/or proposes a mitigation plan to minimize damage in the event of future floods or typhoons.

d. How extensive is the proposed construction? Is there site work, digging/earthwork, etc.?

e. Identify the proposed improvements, location of the proposed improvements, and/or project (making sure to answer who owns the property, what is near and around i.e. landmarks, and where it is located). Current size/capacity of and area served by the project, etc.

f. Describe whether the project will require the acquisition of property, easements, or right-of-way and the approximate number of parcels to be acquired.

g. Describe how the project relates to existing infrastructure. For example, if you plan to install new sewage collection lines, then can the treatment plant handle the increase?

h. Is there green infrastructure or other sustainability design components? To complete this section, green infrastructure is defined as the integration of natural systems and processes, or engineered systems that mimic natural systems and processes, into investments in resilient infrastructure. "Green Infrastructure" takes advantage of the services and natural defenses provided by land and water systems such as wetlands, natural areas, and vegetation, while contributing to the health and quality of life of those in recovering communities.

i. Describe how people will benefit from the project and indicate whether the benefits will be direct and/or indirect.

j. Identify who will retain ownership of the system/project deliverables after the completion of the project. Describe the method by which the applicant can ensure that adequate revenues will be available to operate and maintain the proposed project. The description must identify the source and the estimated amount of funds that will be generated for this purpose.

k. Describe the physical boundaries of the target area(s) in relation to the beneficiaries of the project.

l. If the property was built before 1978, is it exempt from lead-based paint abatement? If yes, list the reason. If no, has the property been evaluated? Please indicate if the property needs remediation. **Note:** *Attach record indicating year of construction and proof of exemption.*

m. For rehabilitation projects, has there been an evaluation of asbestos hazards? Does the property need Asbestos remediation? **Note:** *Provide a copy of the reports.*

8. National Objectives to be addressed (check one).

To be eligible for the CDBG-DR funding, a project must meet at least one of the national objectives outlined in Title 24, Section 570.208 of the Code of Federal Regulations. Select from below the national objective(s) to be met by this project.

Activities Benefiting Low/Moderate Income Persons

- Area benefit activities* are one that benefits all residents of low to moderate-income in a particular area, which 51% of the residents are low to moderate-income persons. (**Note:** This selection is applicable only if the project will be located in a neighborhood or census tract where more than 51% of the persons or households qualify as low to moderate-income. *Please refer to the census maps attached at the end of the application*)
- Limited Clientele.* Limited to a specific group of persons and at least 51% of them qualify as low to moderate-income.
- Housing activities.* An eligible activity carried out for a purpose of providing or improving permanent residential structures which, upon completion, will be occupied by low- and moderate-income households.
- Job creation or retention activities.* An activity designed to create or retain permanent jobs where at least 51% of the jobs, computed on a full-time equivalent basis, involve the employment of low- and moderate-income persons.

9. Eligible Activities

To be eligible for funding, a proposal must include one or more of the activities described in Title 24 570.200 to 570.206 of the Code of Federal Regulations. Select from the listing below the activity this proposed project entails.

- | | |
|--------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Public Facilities and Improvements 201(c) | <input type="checkbox"/> Rehabilitation and Preservation 202(a), (b), (c), (d), (e), (f) |
| <input type="checkbox"/> Clearance and remediations 201(d) | <input type="checkbox"/> General management, oversight and coordination 206(a) |
| <input type="checkbox"/> Public Services 201(e) | <input type="checkbox"/> Public information 206(b) |
| | <input type="checkbox"/> Fair Housing Activities 206(c) |
| | <input type="checkbox"/> Indirect Costs 206(e) |
| | <input type="checkbox"/> Section 17 of the U.S. Housing Act of 1937 206(h) |

10. Duplication of Benefits.

Did the applicant file an insurance claim (or receive other funding) for the damages referenced in this application? If yes, what were the proceeds used for? If the funds were not used what will the funds be used for? Provide the dollar amounts in the High-Level Budget section of this application

Organizational Head Initials _____

NMHC Initial _____

Yes

No

Organizational Head Initials _____

NMHC Initial _____

HIGH LEVEL BUDGET INSTRUCTIONS

Indicate the total dollar amount of Project Funds expected from each funding source. Round all amounts to the nearest dollar. The **TOTAL FUNDS** amount should equal the total project cost. Identify the funding source and the status of each of those funds (*committed, applied for, etc.*).

Once the budget table is completed, provide the responses to the below question.

Note: *A cost analysis must be completed for this entire project to complete the budget. A detailed budget/cost summary will be required once your project is deemed eligible.*

CDBG-DR funding is the funding of last resort; therefore, if the proposed project activities were formerly part of your organization's annual budget please identify and indicate the amount below. Also, identify all other funding sources you have pursued and will become available to you during the life of the project. If your project will generate Program Income during the life of project, please indicate as well below. (Attach an additional sheet if more space is required.)

Project Funds	Amount	Funding Source	Status of Funds
CDBG-DR			
Local Funds			
Private Funds			
Insurance Proceeds			
Federal Funds (ie. FEMA)			
Other Funds			
Program Income			
TOTAL FUNDS			

1. Please explain how your organization will generate program income?

PROJECT BUDGET INSTRUCTIONS

Section I – Project Information

- Please enter the perspective applicant name.
- Please enter the Intergovernment Agreement Number (Leave blank until the number has been assigned and communicated upon executed intergovernment agreement.)
- Please enter the Project Number (Leave blank until the number has been assigned and communicated upon an executed Project Addendum)
- Provide the project name that will budgeted in Section II.

Section II – Budget Information

Fill out the section that applies and add additional lines as needed. The categories are defined below. (**Note:** *Subsequent payment requests will be required to be submitted by budgeted line items. Any increases or decreases in budgeted line item will have to be requested and approved by the Grantee.*)

1. **Program Administration:** Costs associated with the administration, financial requirements, reports, documentation and compliance records, monitoring and oversight. **Note:** *This cost must be allowed by the Grantee in the Intergovernment/Developer’s agreement.*
2. **Project Cost (Direct):** This refers to both the hard and soft costs of the project, including design, environmental and construction services. This also includes any planned equipment purchased, which must be identified on a separate line item as a budget item.
3. **Project Cost (Activity Delivery Costs):** All project related implementation activities per a written agreement between the grantee and/or agency. It may include personnel cost for employees directly related to the day to day specific oversight and implementation of CDBG-DR eligible activities. Personnel cost must be based on records that accurately reflect the work performed. 2 CFR 200.430(i) and should include timesheets and activity logs signed and dated by staff and their supervisor. The time sheet should have a description of the work performed. If time is split between multiple programs, the time sheet should accurately reflect the time split and no time should be left un-allocated.
4. **Indirect Cost:** Indirect costs are costs used by multiple activities, and which cannot therefore be assigned to specific cost objects. As noted in 2CFR Section 200.331(a)XIII, the subaward should include, “Indirect cost rate for Federal award (including if the de minimis rate is charged per §200.414 Indirect (F&A) costs)”. Additionally, Section 200.331 (a)(4), requires “an approved federally recognized indirect cost rate negotiated between the fund recipient and the Federal Government or, if no such rate exists, either a rate negotiated between the pass-through entity and the fund recipient (in compliance with this part), or a de minimis indirect cost rate as defined in §200.414 Indirect (F&A) costs, paragraph (f).

Acceptance of the 10 percent de minimis rate is predicated upon the following conditions: (1) the non-Federal entity has never received a Negotiated Indirect Cost Rate Agreement (NICRA) from a Federal agency and is therefore eligible for the 10percent de minimis rate; (2) that no costs other than those incurred by the non-Federal entity will be recovered by using the 10 percent de minimis rate and such costs are legal obligations of the non-Federal entity; (3) that the same costs that have been treated as indirect costs have not neem claimed as direct costs; and (4) that similar types of costs have been accorded consistent.

Section III – AUTHORIZATION

1. The applicant’s **Organizational Head** must sign and date the form to signify the approval. Type the **Organizational Head’s** name and title in the appropriate box.
2. **NMHC ONLY.** NMHC will review for approval.

PROJECT BUDGET FORM

Effective Date:

FORM: CDBGDR-PBUDGT-XX-XX-XX

SECTION I – PROJECT INFORMATION

Agency/Developer Name:	Project Name:
Agreement Number:	Project Number:

(Complete the below detailed budget. Attach a second sheet if additional space/detail is needed. **Include the cost analysis when submitting the application.**)

SECTION II – BUDGET INFORMATION

CATEGORY	CDBG-DR BUDGET	OTHER SOURCES OF FUNDS			TOTAL COSTS
Program Administration <i>(At the discretion of the grantee)</i>					
Budget Item A					
Budget Item B					
Subtotal Program Administration					
Project Costs (Direct)					
Budget Item A					
Budget Item B					
Budget Item C					
Budget Item D					
Budget Item E					
Subtotal Program Administration					
Project Costs (Activity Delivery Cost)					
Budget Item A					
Budget Item B					
Budget Item C					
Subtotal Project Cost (Activity Delivery Cost)					
TOTAL PROJECT COST					
Indirect Cost					
Planning					
Budget Item A					
Budget Item B					
Budget Item C					
TOTAL PLANNING COST					
GRAND TOTAL IN COST					

Organizational Head Initials _____

NMHC Initial _____

SECTION III – AUTHORIZATION

The applicant agrees to substantially abide by the above budget in the utilization of funds provided under the Intergovernment/Developer Agreement.

Organizational Head:

Print Name and Official Title

Signature

Date

NMHC-CDBG-DR Use Only

**Reviewed by CDBG-DR
Housing Administrator:**

Print Name and Official Title

Signature

Date

**Reviewed by CDBG-DR
Compliance Manager:**

Print Name and Official Title

Signature

**Reviewed by CDBG-DR
Project Manager:**

Print Name and Official Title

Signature

Date

**Reviewed by CDBG-DR
Finance Manager:**

Print Name and Official Title

Signature

Date

**Approved / Rejected by
NMHC Corporate Director:**

Print Name and Official Title

Signature

Date

Organizational Head Initials _____

NMHC Initial _____

Organizational Head Initials _____

NMHC Initial _____

PROJECT DISBURSEMENT SCHEDULE INSTRUCTIONS

Section I – Project Information

- Please enter the perspective agency/developer name.
- Provide the project name of the specific project.
- Please enter the Intergovernment Agreement Number (*Leave blank until the number has been assigned and communicated upon an executed intergovernment agreement.*)
- Please enter the Project Number (*Leave blank until the number has been assigned and communicated upon an executed Project Addendum.*)

Section II – Disbursement Schedule

1. **Project Amount:** The Project Amount refers to the total CDBG-DR funded part of the project budget
2. **Cumulative Amount:** The Cumulative Amount is a quarter over quarter projection of the projected costs.
3. **Milestones:** If a milestone is Not Applicable (NA) to your project, please mark as such. If you have an additional milestone critical to your project, please add.
4. **Duration:** The Grant Expenditure Period for the CBDG-DR program is six (6) years. It began on November 25, 2020, with the signing of the Grant Agreement with HUD and ends November 24, 2026. If your project will take more than two years to complete, please add additional sheets.
5. **Quarters:** Please mark the Quarter when the activity starts with an “X”.

Note: *Complete the appropriate disbursement schedule for the proposed project.*

PROJECT DISBURSEMENT SCHEDULE (CONSTRUCTION)

SECTION I – PROJECT INFORMATION

Agency/Developer Name:		Project Name:			
Intergovernment/Developer Number:		Project Number:			

SECTION II – DISBURSEMENT SCHEDULE

Milestone	Amount	<i>Insert Year</i>											
		Quarter			Quarter			Quarter			Quarter		
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	\$0.00			\$0.00			\$0.00			\$0.00			\$0.00
Environmental Clearance													
Execution of Agreement or Memorandum of Understanding and the Issuance of the Notice to Proceed													
Solicitation and Selection of Architect													
Design or Development of Scope of Work in progress													
Solicitation and Selection of Contractor													
Construction work in progress													
Final Inspection and Close Out													
Cumulative Drawdown				\$0.00			\$0.00			\$0.00			\$0.00

Milestone	Amount	<i>Insert Year</i>											
		Quarter			Quarter			Quarter			Quarter		
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	\$0.00			\$0.00			\$0.00			\$0.00			\$0.00
Environmental Clearance													
Execution of Agreement or Memorandum of Understanding and the Issuance of the Notice to Proceed													
Solicitation and Selection of Architect													
Design or Development of Scope of Work in progress													
Solicitation and Selection of Contractor													
Construction work in progress													
Final Inspection and Close Out													
Cumulative Drawdown				\$0.00			\$0.00			\$0.00			\$0.00

PROJECT DISBURSEMENT SCHEDULE (PUBLIC SERVICES)

SECTION I – PROJECT INFORMATION

Agency/Developer Name:		Project Name:	
Interagency/Developer Agreement Number:		Project Number:	

SECTION II – DISBURSEMENT SCHEDULE

Milestone	Amount	<i>Insert Year</i>											
		Quarter			Quarter			Quarter			Quarter		
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	\$0.00			\$0.00			\$0.00			\$0.00			\$0.00
Environmental Clearance													
Execution of Agreement or Memorandum of Understanding and the Issuance of the Notice to Proceed													
Solicitation and Selection of Architect													
Design or Development of Scope of Work in progress													
Solicitation and Selection of Contractor													
Construction work in progress													
Final Inspection and Close Out													
Cumulative Drawdown				\$0.00			\$0.00			\$0.00			\$0.00

Milestone	Amount	<i>Insert Year</i>											
		Quarter			Quarter			Quarter			Quarter		
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	\$0.00			\$0.00			\$0.00			\$0.00			\$0.00
Environmental Clearance													
Execution of Agreement or Memorandum of Understanding and the Issuance of the Notice to Proceed													
Solicitation and Selection of Architect													
Design or Development of Scope of Work in progress													
Solicitation and Selection of Contractor													
Construction work in progress													
Final Inspection and Close Out													
Cumulative Drawdown				\$0.00			\$0.00			\$0.00			\$0.00

ACTIVITY BENEFICIARY FORM INSTRUCTIONS

Objective: The Activity Beneficiary Form reports information for actual beneficiaries of intended CDBG-DR activities.

1. Mark the appropriate checkbox that applies (Grantee or Agency/Developer) and enter the name of the Grantee or Agency/Developer.
2. Enter the Interagency/Developer/Project ID assigned by NMHC CDBG-DR.
3. Enter Activity Name assigned by NMHC CDBG-DR

Part I – BENEFICIARY INCOME INFORMATION

- A. Based upon the location of the project, enter the number and percentage of individuals benefitting by income level.
- B. Enter the data source(s) (e.g.) HUD American Community Survey, household survey) and any additional information describing how the beneficiaries were determined.

Part II – AREA INFORMATION *(If the activity is a direct benefit activity, leave this Part II area blank)*

- A. Enter whether the project is target area or communitywide and the census block groups of the project area. Please list each census tract(s) and/or block group(s) that define the area; separating each census tract with a “;”. Please continue on another page, if necessary. This information should be determined using the 2010 Census data attached at the end of this document.
- B. Enter the exact location of the geographical center of the project by identifying the latitude and longitude numbers. This information may have been initially reported on the supplemental information page in the approved project application.

Part III – DIRECT BENEFIT DEMOGRAPHIC INFORMATION *(If the activity is an area wide benefit, leave this Part III area blank)*

- A. Enter the total individuals who will benefit by racial and ethnicity and by income level. This total for LMI is any person 80% or below the area median income and Non-LMI are 81% or higher of the area median income. The LMI and Non-LMI total should equal the population total in Part I-A.

Race and ethnicity are independent of each other and should be counted separately. For instance, if the activity served 20 White persons, 15 of which are not of Hispanic/Latino ethnicity and 5 of which are of Hispanic/Latino ethnicity, the information to be added into row “A. Race and Ethnicity, 1. White” should be 20 for Total and 5 for Hispanic/Latino”.

- B. Enter female headed households for those LMI (80% or below area median income) and those non-LMI (above 80% area median income).

Project Maps

A map (or maps) that delineate(s) the following items for each target area must be included in the application package:

1. Existing Conditions Map: Provide a detailed map of the existing improvements. The map should delineate such items as the location of project and/or size of waterlines, elevated water tanks, sewer lines, manholes, location of treatment plants, etc.
2. Proposed Improvements Map: Provide a detailed map showing the location of project, sizes, etc. of the proposed improvements.
3. Census tracts and/or block groups (by number) and/or logical records numbers.
4. Location of concentrations of low- and moderate-income persons, showing numbers and percent by census tracts and/or block groups and/or logical record number.
5. Boundaries of areas in which the activities will be concentrated; and
6. The specific location of each activity.

Note: *The Existing Conditions map and the Proposed Improvements map may be combined into one map if all the information shown can be depicted in such a way as to easily determine the difference between the existing and proposed.*

**NMHC COMMUNITY DEVELOPMENT BLOCK GRANT – DISASTER RECOVERY
ACTIVITY BENEFICIARY FORM**

1. <input type="checkbox"/> Grantee <input type="checkbox"/> Interagency/Developer	2. Int./Dev./Project ID

3. Activity Name:

PART I – BENEFICIARY INCOME INFORMATION

A. Income Levels	Total	Percentage
1. Total number of persons less than or equal to 50% Area Median Income		
2. Total number of persons over 50% not greater than 80% Area Median Income		
3. Total number of persons over 80% Area Median Income		
Total Population		

A. Source(s) for Determining Beneficiary Data:

PART II – AREA INFORMATION *(Skip Part II if this is a direct benefit project)*

A. Indicate whether the completed project was target area(s) specific or community-wide

Target Area(s) Community-Wide

List Census Tract(s) and/or Block Group(s):

B. Provide Latitude/Longitude for the project location at or near geographical center:

Latitude: _____ Longitude: _____

PART III – DIRECT BENEFIT DEMOGRAPHIC INFORMATION *(Skip Part III if this is an area wide benefit project)*

A. Race and Ethnicity	Total		Hispanic/Latino	
	LMI	Non-LMI	LMI	Non-LMI
1. White				
2. Black/African American				
3. Asian				
4. American Indian/Alaskan Native				
5. Native Hawaiian/Other Pacific Islander				
6. American Indian/Alaskan Native and White				
7. Asian and White				
8. Black/African American and White				
9. American Indian/Alaskan Native and Black/African American				
10. Other multi-racial				
11. Unknown				
Total Persons				
B. Head of Household	LMI		Non-LMI	
1. Female-Headed Households				

OTHER FUNDS SUPPLEMENTAL DOCUMENTATION

Some projects may cost more than is available under the approved NMHC action plan programs. The applicant may propose to use other funds in conjunction with the CDBG-DR funds. These other funds must be identified and must be available and ready to spend. If these funds involve loans or grants from other local, federal, or private sources, the monies must have already been awarded. To substantiate the immediate availability of the other funds, one of the following items of supporting documentation will be required:

1. Letter and adopted resolution from the local governing body stating the specific source, amount, and location of local cash;
2. A line of credit letter from a financial institution such as a bank stating the amount available as a loan;
3. Specific evidence of funds to be received from a tax or bond election that has already passed; or
4. A letter from another funding agency stating that the funds have been awarded and are currently available for expenditure.

Note: *Attach the supporting documentation to this application.*

AUTHORIZATION

In the event that the NMHC or HUD determines that any funds were expended by the Agency/Developer for unauthorized or ineligible purposes or the expenditures constitute disallowed costs in any other way, then NMHC or HUD may order repayment of the same. The Agency/Developer shall remit the disallowed amount to NMHC within thirty (30) days of written notice of the disallowance.

I certify that all information provided as part of this application is true and correct to the best of my knowledge. I agree to substantially abide by the above budget in the utilization of funds provided under this Intergovernment/Developer Agreement. I certify under penalty of perjury that : (1) the information provided in this Community Development Block Grant Disaster Recovery Project application is true and correct as of this date and that any intentional or negligent misrepresentation may result in civil liability, including monetary damages, and/or in criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Sec 1001, et seq.; and (2) the property will not be used for any illegal or prohibited purpose or use.

Organizational Head:

Print Name and Official Title

Signature

Date

NMHC-CDBG-DR Use Only

Reviewed by CDBG-DR
Housing Administrator:

Print Name and Official Title

Signature

Date

Reviewed by CDBG-DR
Compliance Manager:

Print Name and Official Title

Signature

Date

Reviewed by Finance
Manager:

Print Name and Initials

Signature

Date

Approved / Rejected by
NMHC Corporate
Director:

Print Name and Official Title

Signature

Date

PERSONAL FINANCIAL STATEMENT

As of _____, 2021

Name _____

Employed by: _____

Position: _____ Age: _____

Spouse: _____

If employed less than one (1) year, Previous Employer: _____

ASSETS	DOLLARS	CENTS	LIABILITIES	DOLLARS	CENTS
Cash in bank _____			Notes Payable _____		
_____			_____		
_____			_____		
Accounts Receivable-Good			Accounts Payable		
Stocks and Bonds (Schedule B)			_____		
Notes Receivable - Good			Taxes Payable		
_____			Contracts Payable		
Cash Surrender Value Life Insurance			_____		
Autos _____			_____		
_____			Real Estate Indebtedness (Schedule A)		
Real Estate (Schedule A)			Other Liabilities (Describe)		
Other Assets (Describe)			1 _____		
1 _____			2 _____		
2 _____			3 _____		
3 _____			4 _____		
4 _____					
5 _____			TOTAL LIABILITIES		
			NET WORTH		
TOTAL ASSETS			TOTAL		

ANNUAL INCOME	DOLLARS	CENTS	ANNUAL EXPENDITURES (Exclude Ordinary Living Expense)	DOLLARS	CENTS
Salary			Real Estate payment(s)		
Salary (wife or husband)			Rent		
Securities Income			Income Taxes		
Rentals			Insurance Premiums		
Other (describe)			Property Taxes		
1			Other (describe-include installment)		
2			1		
3			2		
4			3		
5			4		
TOTAL INCOME			TOTAL EXPENDITURES		
Less: Total Expenditures					
NET CASH INCOME					

Schedule A

Real Estate (attach additional sheet if necessary)

Location and Size Incl. Desc. Of Land & Structure	Title Held in Name	Current Value	Amt. Of Mortgage	With Whom	Maturity Date	Monthly Payment	Monthly Income

Schedule B

Stocks and Bonds (attach additional sheet if necessary)

Name of Issuing Corporation and Type of Security	No. of Shares or Face Value of Bond	Pledged?	Value Per Share	Total Value	Registered In Name of

The undersigned certifies that the above statement (or in lieu thereof, the attached statement, as the case may be) and supporting, both printed and written, give a full, true, and correct statement of the financial condition of the undersigned as of the date indicated.

Signature

Date

PROFIT AND LOSS STATEMENT

Fiscal Year Ending: _____ or Months Ending: _____

<p>NET SALES \$ _____</p> <p>LESS COST OF GOODS SOLD:</p> <p style="padding-left: 20px;">Beginning Inventory \$ _____</p> <p style="padding-left: 20px;">Plus Purchases \$ _____</p> <p style="padding-left: 40px;">Balance _____</p> <p style="padding-left: 20px;">Less Ending Inventory \$ _____</p> <p style="padding-left: 40px;">Total Cost of Goods Sold: \$ _____</p> <hr/> <p>GROSS PROFIT \$ _____</p> <p>Salaries paid (exclude partners) \$ _____</p> <p>General & Administrative \$ _____</p> <p>Rent \$ _____</p> <p>Interest \$ _____</p> <p>Depreciation \$ _____</p> <p>Bad Debt \$ _____</p> <p>Other _____</p> <p style="text-align: right;">\$ _____</p> <p style="text-align: right;">\$ _____</p> <p style="text-align: right;">TOTAL OPERATING EXPENSE: _____</p> <hr/> <p>OPERATING PROFITS \$ _____</p>	<p>OPERATING PROFIT (forwarded) _____</p> <p>Less Extraneous Expenses _____</p> <p>Balance _____</p> <p>Plus Other Income:</p> <p style="padding-left: 20px;">Rent \$ _____</p> <p style="padding-left: 20px;">Other \$ _____</p> <p style="padding-left: 40px;">Total Other Income: _____</p> <hr/> <p>NET PROFIT \$ _____</p> <p>RECONCILIATION OF NET WORTH</p> <p>Net Worth at close _____</p> <p style="padding-left: 20px;">last fiscal period \$ _____</p> <p>Plus: Net Profit (above) \$ _____</p> <p style="padding-left: 20px;">Other Credits \$ _____</p> <p style="padding-left: 40px;">Total Other Profits: \$ _____</p> <p style="text-align: right;">TOTAL PROFITS: \$ _____</p> <p>Less: Dividends or _____</p> <p style="padding-left: 20px;">Withdrawals \$ _____</p> <p style="padding-left: 20px;">Other Debits \$ _____</p> <p style="padding-left: 40px;">Total Withdrawals: \$ _____</p> <hr/> <p>NET WORTH \$ _____</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Note: Partners' salaries should be shown as withdrawals

Schedule A DESCRIPTION OF STOCKS AND BONDS ON BALANCE SHEET				
No. of Shares	Corporate Name	Cost	Market Value	Pledged?

Schedule B DESCRIPTION OF REAL ESTATE LISTED ON BALANCE SHEET								
Location	Title in Name of	Cost Land	Cost Improvements	Depreciation	Present Value	If Leasehold Give Expiration	Encumbrance Balance	Encumbrance To Whom

For the purpose of procuring a loan, the undersigned submit(s) the foregoing as a full, true and correct statement of his/their financial condition on the date hereof. The undersigned agree(s) to notify you immediately, in writing, of any material change in financial condition from that set forth above, and in the absence of such notice or of a new and full written statement, the foregoing may be considered as a continuing and substantially correct statement of the financial condition of the undersigned at the time of any loan made by you, it being expressly agreed that any application by the undersigned for a loan in the absence of such notice or new statement shall constitute a representation that the foregoing statement, if again made at the time of such application, would then be true.

Signature of person preparing application if other than applicant

Signature of Applicant

Title

FINANCIAL STATEMENT ESTIMATED INCOME AND EXPENSES

(Show total for first 12 months)

FOR THE YEAR:

NAME:

MONTH												
Sales												
Less:												
Cost of Merchandise Sold or												
Cost of Materials Used												
Gross Profit												
Less Expenses:												
Salaries (exclude owner)												
Rent: Property												
Equipment												
Repairs and Maintenance												
Telephone and Utilities												
Supplies - Administrative												
Auto and Truck Expense												
Advertising												
Accounting and Legal												
Bad Debts												
Taxes and Licenses												
Depreciation												
Insurance												
Interest												
Office Expense												
Seeds												
Fertilizers												
Insecticides												
Feeds												
Fuel												
Other Expenses												
Total Expenses												
Net Profit												
Less Owner's Withdrawal												
Amt Available for Loan Payment												
Less Loan Payment (principal)												
Balance Retained by Business												

Date

Signature of preparer if other than applicant

Signature of Applicant

Bank Information

Name of Lead Bank and Contact Person: _____

Phone Number: _____ Email Address: _____

Anticipated Uses and Sources of All Project Funds

Sources include the loan you are requesting from NMHC CDBG-DR plus any other financing that will go into the project, including but not limited to bank financing and owner cash. Uses include equipment purchases, working capital, inventory, construction cost, etc.

The total sources must equal the total uses.

Sources(s)	Amount(\$)	Use(s)	Amount(\$)
Total:		Total:	

Existing and Projected Employment

Number of Existing Employees				Projected Job Creation				Total created
Full time	Part Time	Woman	Minorities	Year One		Year Two		
				Full Time	Part Time	Full Time	Part Time	

Please Answer the Following Questions (Check box that applies)

	Yes	No
Has the company, any officer, subsidiary or affiliate of your company been involved in an bankruptcy or insolvency proceedings or in any lawsuits, in the last 36 months, or on parole or probation, or convicted of a crime? <i>If yes, please provide details as a separate exhibit</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does the company, owner(s), or member of Management Team have a controlling interest in other businesses? <i>If yes, please provide their names and relationship with your company along with a current balance sheet and income statement for each as a separate exhibit</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does your company buy from, sell to, or use the services of any concern in which owner(s), shareholder(s) or member(s) of the management team have a significant financial interest? <i>If yes, please provide details as a separate exhibit</i>	<input type="checkbox"/>	<input type="checkbox"/>

I certify that I am in compliance with all laws, regulations, ordinances, and order of public authorities applicable to it; and that I am not in default under the terms and conditions of any grant or loan agreements, leases, or financing arrangements with any other creditors; that the Northern Marianas Housing Corporation Community Development Block Grant – Disaster Recovery (CDBG-DR) and its agent is authorized to obtain a credit check on any principal or business associated with this application for the purposes of determining credit worthiness; and I have disclosed and will continue to disclose any occurrence or event that could have an adverse material impact on the project. (Adverse material impact includes but is not limited to lawsuits, criminal or civil actions, bankruptcy proceedings, regulatory intervention or inadequate capital to complete the project); and I furthermore certify that to the best of its knowledge and belief, the information being submitted to the CDBG-DR, and its agent is true and correct;

_____	_____	_____
Print Name	Title	Date
_____	_____	_____
Signature	Social Security #	Date
_____	_____	_____
Print Name	Title	Date
_____	_____	_____
Signature	Social Security #	Date

BUSINESS PLAN

INSTRUCTIONS: As a requirement, please submit a Business Plan using the following general format.

I. EXECUTIVE SUMMARY

Name of Business; Type of Business Organization; Main Product or Service; and Business Goals and Objectives.

II. DESCRIPTION OF THE ENTERPRISE

Describe your project and give a summary detailing why your project will work and how it will contribute to the CNMI's economic and social development goals. Include your name, mailing address, background and experience that is relevant to the business. Also include the future outlook and prospects for the business.

III. MANAGEMENT, KEY PERSONNEL AND OTHER STAFF

Describe who will manage the business; who are the key people and what are their education background and work experience; how will you pay them and on what basis (monthly, biweekly).

IV. DESCRIPTION OF PRODUCTS AND SERVICES

Specific information about what you are selling, description of current status of product or service, why you think your product/ service will sell? Describe how you will sell your product or service.

V. BUSINESS LOCATION

How is your business located in relation to your supplier and customers, and what effect will your location have on the volume of business; what space do you need to operate; will you lease or build office space or project site; give advantages and disadvantages of the location. Include a sketch of the land and its parcel number.

VI. COMPETITION

Who are your competitors? What makes your business unique? What need does your business fulfill? What does your business solve?

VII. MARKET/ CUSTOMERS

Describe the type of customer you are targeting or name specific customers if you will have just a few.

VIII. PRICE & PRICING STRATEGY

How much will you be charging the customer? Do you have alternating pricing depending on volume of purchases or frequency of purchases?

IX. ADVERTISING AND PROMOTION

How will you let your customer know about your service or product? How will you encourage them to use your product or service? What will it cost you to advertise your product or service, if necessary?

X. SALES AND CREDIT TERMS

When are payments due? Will you give credit? What criteria do your customers need in order to be eligible for credit? Will you offer a discount for early payment? Will you charge a late fee for late payments? At what point will you refuse to offer further credit? How much total credit can your business afford to offer to all customers?

XI. EQUIPMENT AND TOOLS

What permanent or semi-permanent items (equipment and tools) do you need to operate this business? Where will you get them? How long will it take for you to get them after you order?



NORTHERN MARIANAS HOUSING CORPORATION
Community Development Block Grant – Disaster Recovery (CDBG-DR) Division

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

Email: cnmi-cdbg-dr@nmhcgov.net

Website: <http://www.cnmi-cdbgdr.com>

Tels: (670) 233-9447
233-9448
233-9449
233-9450

Fax: (670) 233-9452

I, _____, hereby consent to the disclosure of the information collected and maintained by FEMA filed under my application number FEMA DR- _____ - CNMI, to the Northern Marianas Housing Corporation (NMHC).

Specifically, I consent to have my entire FEMA Disaster Individual Household Program application file, or any part thereof, disclosed to NMHC for the purposes of providing me with additional disaster assistance.

Additionally, I consent to have NMHC and its agents speak on my behalf to FEMA and/or represent me before FEMA. This consent is made pursuant to and consistent with 28 U.S.C. § 1746.

I declare, under penalty of perjury, that the foregoing is true and correct.

Name

Date

Signature

FEMA Registration Number

Current Address (if different than damaged home): _____

Damaged Home Address: _____

Area Code & Phone Number: _____

Place of Birth: _____

In accordance with the Privacy Act of 1974, the Northern Marianas Housing Corporation (NMHC) CDBG-DR Program requests that the Federal Emergency Management Agency (FEMA) provide the NMHC CDBG-DR Program with information relating to applications for disaster assistance that FEMA received within the Commonwealth of the Northern Mariana Islands (CNMI) for FEMA disaster event number(s) FEMA-DR- _____ - _____.

The NMHC CDBG-DR Program would like to assist property owners under programs to be made available by the NMHC including its Community Development Block Grant Disaster Recovery (CDBG-DR) Program.

The information received from FEMA will be used to determine outstanding needs, to properly calculate and determine eligibility for programs, and to prevent a duplication of benefits in determining eligibility for assistance.

Additionally, the information will ensure that the citizens of CNMI do not violate any laws and regulations that would require repayment of certain benefits received.



“NMHC is an equal employment and fair housing public agency”

Tinian Field Office
Tel: (670)433-

CDBG-DR Office
Tel: (670)233-9447/9448/9449

Rota Field Office
Tel: (670)532-9410



CDBG-DR Affordable Rental Housing Development Program

Applicants Name and Contact Information

Date of Submission: _____
 Company Name: _____
 Date established: _____
 Loan Amount: _____
 Term: _____
 Use of Funds: _____

Type of Company/Organization

- Sole Proprietorship
- Non-Profit Organization
- S Corporation
- C Corporation
- Partnership
- LLC
- LLP

Company Mailing Address: _____

Company Physical Address: _____

Contact Person: _____ Title: _____

Contact's Address: _____

Telephone number: _____ Tax ID# _____

Email Address: _____ Website: _____

Management Information (owner(s), officer(s), director(s), & shareholder(s) who own 20% or more shares of the company)*

Name	Title	% Ownership	Minority Owner	Woman Owner
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

***Personal financial statements** and **tax returns** are required for those with 20% or greater ownership interest. CDBG-DR and/or its agents reserve the right to obtain **credit bureau reports** on any business or individual in connection with this application.



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 Fax: (670)433-_____

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