



# NORTHERN MARIANAS HOUSING CORPORATION

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

Email: [nmhc@nmhc.gov.mp](mailto:nmhc@nmhc.gov.mp)

Website: <http://www.nmhc.gov.net>

Tels: (670) 234-9447

234-6866

234-7670

Fax: (670) 234-9021

## SECTION 8 HOUSING CHOICE VOUCHER LANDLORD APPLICATION & REGISTRY ANNUAL UPDATE

(LLAnnual Rev.2 Apr 2026)

MARK (X) ISLAND: [ ] SAIPAN [ ] ROTA [ ] TINIAN

### 1. LANDLORD INFORMATION

Owner/Company Name: \_\_\_\_\_

Manager's Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Owner/Company Mailing Address: \_\_\_\_\_

(Box Number, State, Zip Code)

Owner/Company Phone Number: \_\_\_\_\_ Owner/Company Fax Number: \_\_\_\_\_

Owner/Company Village Location: \_\_\_\_\_ Owner/Company Street Address: \_\_\_\_\_

Business License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

### 2. REQUIRED DOCUMENTS:

- A. Copy of CNMI-Issued, Current business License to rent apartment or house(s);
- B. Certificate of Compliance issued by the Division of Revenue and Taxation that BGRT Taxes are fully paid:

**Note:** In the absence of Owner/landlord the following representative(s) may act on the company's behalf to act on any immediate Housing Quality Standard (HQS) deficiency/violations, such as be able to sign HQS Deficiency Notice, make decisions to make improvements/corrections for any 24 hour or 30 days HQS violations, etc.

(1) Authorized Representative Name: \_\_\_\_\_

Authorized Rep. Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

(2) Authorized Representative Name: \_\_\_\_\_

Authorized Rep. Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_



**3. UNIT INFORMATIONS:**

**(1) Are there any changes to the current units?**

**YES**, fill out remaining information for new units to be registered.

**NO**, Proceed to Number 5

Name of Building	Island/Village	Street Name	Unit Building Lot No.	Year Built

Unit/Building Type: Please checkmark the description that best applies to the unit/building.

- a. Single-Family Detached \_\_\_\_\_
- b. Duplex \_\_\_\_\_
- c. Townhouse \_\_\_\_\_
- d. Low Rise / Garden Apt (1-4 stories) \_\_\_\_\_ With Elevator?  Yes  No
- e. Mid-Rise Apt. (5-7 stories) \_\_\_\_\_ With Elevator?  Yes  No
- f. High-Rise Apt. (8+ Stores) \_\_\_\_\_ With Elevator?  Yes  No
- g. Other: \_\_\_\_\_ Specify: \_\_\_\_\_

Unit/Building Size & Rent:

Bedroom Size	No. Bathroom/Room	Total Square Feet	Starting Rent
1			\$
2			\$
3			\$
4			\$
5			\$

**4. REQUIRED DOCUMENTS FOR NEW UNITS:**

- A. Proof of ownership of the Property where apartments or house is situated (deed, lease agreement, etc.);
- B. Location and vicinity map of dwelling unit(s);
- C. Two (2) perspective photo of the apartment/house(s);
- D. Department of Public Works, Building Safety Code - Certificate of Compliance (CoC)
- E. Update Business License
- F. Letter of Compliance (Rev & Tax)
- G. Authorization Representative Affidavit / Power of Attorney

Attached is the Program Criteria that describes the Housing Quality Standards for a rent-subsidized dwelling under the Section 8 Housing Choice Voucher Program.

**5. CONFLICT OF INTEREST:**

A. Do you have any Immediate Relative(s) – (e.g: Parents, siblings, children, step children, grandparents, parent’s in-laws, brother/sisters in-laws) currently **working for NMHC, Board Member or an elected state or local Official?**

YES	NO
-----	----

If YES,

Names

Relationship

---



---

B. Do you have any Immediate Relative(s) – (e.g: Parents, siblings, children, step children, grandparents, parent’s in-laws, brother/sisters in-laws) who **is/are currently a Section 8 Housing Choice Voucher Program recipient?**

YES	NO
-----	----

If YES,

Names

Relationship

---



---

The NMHC will update all information provided by the landlord in the landlord registry on a yearly basis. Again, **annual updates application must be filled in order to remain on the Registry.**

---

Submit To:  
ZENIE P. MAFNAS  
CORPORATE DIRECTOR

---

**6. DECLARATION**

I declare under the penalty of perjury that the foregoing application is true and correct and that all documents and attachments submitted in support of it are true and correct. This declaration was executed on \_\_\_\_\_, 20\_\_\_\_, in the Commonwealth of the Northern Mariana Islands.

---

Applicant Name (Print)

---

Applicant Signature

