



# NORTHERN MARIANAS HOUSING CORPORATION

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## SECTION 8 HOUSING CHOICE VOUCHER LANDLORD APPLICATION & REGISTRY PROGRAM PACKET INFORMATION

(LLpacket Rev.2 Apr2026)

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 St. Address: \_\_\_\_\_

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

Tax ID Number: \_\_\_\_\_

**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: \_\_\_\_\_



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**Tinian Field Office**  
Tel: (670)433-9213  
Fax: (670)433-3690

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

**Rota Field Office**  
Tel: (670)532-9410  
Fax: (670)532-9441

**2. UNIT INFORMATIONS:**

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			\$

**3. 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;
- C. Copy of Tax Identification Number;
- D. Proof of ownership of the Property where apartments or house is situated (deed, lease agreement, etc.);
- E. Location and vicinity map of dwelling unit(s);
- F. Two (2) perspective photo of the apartment/house(s);
- G. Department of Public Works, Building Safety Code - Certificate of Compliance (CoC)
- H. Authorization Representative Affidavit / Power of Attorney

**4. 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
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If YES,

Names

Relationship

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

The NMHC will forward notice of Approval to the Landlord applicant upon approval. **Once approved, however, annual updates are required in order to remain on the Registry.**

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Submit To:  
 Zenie P. Mafnas  
 CORPORATE DIRECTOR

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**5. DECLARATION**

I declare under the penalty of perjury that the foregoing application for an approved Landlord Registry 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



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SECTION - CRITERIA  
AS TO CERTIFY OWNERS TO LEASE UNDER THE HOUSING CHOICE VOUCHER PROGRAMS  
APARTMENTS/SINGLE DWELLING UNITS  
AS REQUIRED BY  
U.S. HOUSING AND URBAN DEVELOPMENT

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PART 1 – GENERAL

1.01 Physical condition standards for HUD housing that is decent, safe, sanitary and in good repair.

HUD housing must be decent, safe, sanitary and in good repairs. Owners of apartment or single dwelling unit must maintain such housing in a manner that meets the physical conditions standard set forth in order to be considered an approve owner.

- A) Site Location: Site location components must be safe, including grounds, lightings, driveway, play area (if any), refuse disposal, good drainage system and must be free of health and safety hazards. The site must not be subject to material adverse conditions, such as abandoned vehicles, dangerous walks or steps, poor drainage, sewer hazard, septic tank back-ups, excess accumulations of trash, vermin or rodent infestation or fire hazard.
- B) Building Exterior: Each building on site must be structurally sound, secure, habitable, and in good repairs. Each building's door, fire escapes, foundations, lighting, secured roofs, walls, and windows, where applicable must be free of health and safety hazards, operable and in good repairs.
- C) Building System: Each building's domestic water, electrical, emergency power, fire protection and sanitary system must be free of health and safety hazard, functionally adequate, operable and in good repairs.
- D) Dwelling Unit: (1) each dwelling unit within a building must be structurally sound, habitable, and in good repairs, including all other areas in the unit. Example; the unit bathrooms, ceiling, doors, electrical system, floor, hot water heater (provide to each unit), kitchen, lighting, outlets/switches, smoke detectors, stairs, walls and windows must be free of health and safety hazards, functionally adequate, operable and in good repairs.
- E) Applicable: Dwelling units must have the following:
  - 1) Hot and Cold running water, including adequate emergency water supply.
  - 2) Must have its own sanitary facility, it must be in proper operating condition, usable in privacy, and adequate for personal hygiene and the disposal of human waste.
  - 3) Must have at least one battery-operated smoke detector in each rooms and one hard-wire smoke detector in proper working condition per dwelling unit.
  - 4) Common Are must be structurally sound, secure and functioning adequately for the purpose intended. Such as restroom, closets, utility, Mechanical, common rooms, hall, stairs, kitchen, laundry room, office, Porch, balcony, and trash collection areas, and must be free of health and safety hazards, operable, and in good repairs.

- F) Health Safety: Health and safety concerns in all areas and components of the dwelling Units must be free of health hazards, these are included but not limited to air quality, Electrical hazards, elevator (if any), emergency/fire exit, flammable materials, garbage and debris, handrail hazards, infestation, and lead-based paint. Dwelling unit must have no evident of infestation by rats, mice, or other vermin, or of garbage and debris, electrical hazards, natural hazards, or fire hazards.
- G) Items: Dwelling unit must have the following:
- 1) Hot water heater (quantity in gallons) that is applicable to number of bedroom size per unit. 1-Bedroom (20 gals.), 2-Bedroom (30-gals), 3-Bedroom (40-gals), 4-Bedroom (50-gals).
  - 2) Must have workable Electric Range with oven.
  - 3) Must have workable Refrigerator with chill box.
  - 4) Must have smoke-detectors, one per room and one at hallway. Hall way smoke detector must be a hard-wire smoke detector
  - 5) Other amenities build in-place must be safe and free from hazard.
- H) Maintenance: Owners must provide its own building maintenance, to provide services for emergency or immediate repairs.



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