



# NORTHERN MARIANAS HOUSING CORPORATION

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

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



Saipan Ph: (670) 234-6866 / 9447 / 7670

Rota Ph: (670) 532-9410

Tinian Ph: (670) 433-9213

## SECTION 8 NEW CONSTRUCTION PROGRAM PRE-APPLICATION

Island:  Saipan  Tinian  Rota

### OFFICIAL USE ONLY

Pre-Application Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

### For Program Statistical Purpose Only: How did you hear about us?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Friends        | <input type="checkbox"/> Newspaper           | <input type="checkbox"/> Agency/Dept.: _____  |
| <input type="checkbox"/> Relatives      | <input type="checkbox"/> Community Awareness | <input type="checkbox"/> Radio Station: _____ |
| <input type="checkbox"/> Online Website | <input type="checkbox"/> Other: _____        |   |

As part of the screening process for the Section 8 Housing Assistance Program, the responses provided on this pre-application form are used in part to determine your eligibility for the U.S. Department of Housing and Urban Development (HUD) subsidized rental assistance; and any responses and/or documentation you provide as part of the application or recertification process are subject to verification. Failure to disclose any information and/or answer all questions on this pre-application form, fully and truthfully, may constitute grounds for denial or termination of assistance.

### 1) HEAD OF HOUSEHOLD (HoH) INFORMATION

Last Name	First Name	MI	Date of Birth	Age	Sex	SS Number
<b>Mailing Address:</b>			<b>Contact Numbers:</b>			
			Home: _____			
			Cellphone: _____			
			Work: _____			

### 2) CO-HEAD OF HOUSEHOLD/SPOUSE INFORMATION

Last Name	First Name	MI	Date of Birth	Age	Sex	SS Number

<b>3) INCLUDING YOURSELF, HOW MANY PEOPLE WILL BE LIVING IN THE UNIT?</b>			
	<i>Male</i>	<i>Female</i>	<i>Total</i>
<i>Adult</i>			
<i>Children (ages 0-17)</i>			

<b>4) For Program Statistical Purpose only: Are any members of the household who will be living in the unit a person with a disability?</b>	YES	
	NO	

<b>5) HOUSEHOLD COMPOSITION &amp; CHARACTERISTICS - List the HoH and all members who will be living in the unit and give the relationship of each family member to the HoH.</b>						
<i>No.</i>	<i>Member's Full Name</i>	<i>Social Security Number</i>	<i>Relation to HoH</i>	<i>Date of Birth</i>	<i>Age</i>	<i>Sex</i>
1			HoH			
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

<b>6) FOR PROGRAM STATISTICAL PURPOSES ONLY - For HoH, please identify your race and ethnicity by checking the appropriate box in each of the two categories below.</b>			
<i>Category 1 - Check One Box</i>	<i>White</i>	<i>Black/African American</i>	<i>Native Hawaiian/Other Pacific Islander</i>
<i>Category 2 - Check One Box</i>	<i>Asian</i>	<i>Hispanic or Latino</i>	<i>Non-Hispanic or Latino</i>

<b>7) SOURCE(S) OF FAMILY INCOME - Circle all that apply and identify the total amount.</b>				
<i>Wage/Employment</i>	<i>SS/SSI</i>	<i>Food Stamp</i>	<i>Welfare/TANF</i>	<i>Other Income (Child Support, Alimony, etc.)</i>
\$ P/A	\$ P/A	\$ P/A	\$ P/M	\$ P/A

<b>8) SOURCE(S) OF FAMILY ASSETS – Mark (X) all that apply.</b>			
Bank Savings Accounts		Checking Account	
Stocks		Property (i.e Homestead/land/property owner)	
Bonds		Certificate of Deposit	
Individual Retirement Account (IRA)		Other:	

<b>9) BACKGROUND - Please mark (X) your responses.</b>	<b>YES</b>	<b>NO</b>
A) Have you or any of your household members ever been convicted of any crime (misdemeanor or felony) in the CNMI and/or other states, territories, and countries, regardless of date, other than traffic violations?		
B) Have you or any of your household members ever committed fraud in connection with any federally funded program (i.e. Housing, Social Security, Veterans Affairs, Medicaid, welfare, food stamps, etc.)?		
C) Have you or any of your household members ever received federal housing assistance (i.e. NMHC, public housing, multifamily, housing choice voucher, Section 202, etc.)? If you answered <b>YES</b> , have you or your household members ever had their federal housing assistance denied or terminated? <b>Reason:</b> <span style="float: right;"><b>Date:</b></span>		
D) Do you or any of your household members(s) have any financial obligations to NMHC (i.e. home loan, past due accounts, under collection agency, court order, etc.) or any other Public Housing Authority? If <b>YES</b> , <b>Member Name(s):</b> <span style="float: right;"><b>Reason:</b></span>		
E) Are you or any of your household member(s) a Registered Sex Offender in the CNMI and/or other states, territories, and countries, regardless of date? If <b>YES</b> , <b>Member Name(s):</b>		
F) Do you or any of your household member(s) have any <u>Immediate Relative(s) – (e.g: Parents, siblings, children, step children, grandparents, parent’s in-laws, brother/sister in-laws) working for NMHC?</u> If <b>YES</b> , <b>Name(s):</b> <span style="float: right;"><b>Relation(s):</b></span>		

I hereby DECLARE UNDER PENALTY OF PERJURY, that I have read the foregoing statements and that each applicable statement and all the information, declarations, and representations contained in each, are true,  
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