

NORTHERN MARIANAS HOUSING CORPORATION

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NOTICE TO THE PUBLIC RE-OPENING OF THE HOMEOWNER ASSISTANCE FUND (HAF) PROGRAM April 4, 2024

The Northern Marianas Housing Corporation (NMHC) is re-announcing the availability of the Homeowner Assistance Fund Program that was made possible through the US Department of the Treasury. In FY 2022, The CNMI was allocated a total amount of \$4,158,268 in HAF funds, of which approximately 15% or \$623,740 will be used for administrative expenses and approximately 85% or \$3,534,528, will be used for the following types of assistance for *CNMI homeowners*:

- 1) Mortgage delinquency assistance- an eligible homeowner may qualify for assistance of up to \$25,400.00 to be used for homeowner's primary residence
- 2) Mortgage payment assistance- an eligible homeowner may qualify for assistance of up to \$20,400.00 (not to exceed a period of 12 months) to be used for homeowner's primary residence
- 3) Past due and/or annual home-related insurance premiums- an eligible homeowner may qualify for assistance of up to \$1,716.00 (not to exceed a period of 12 months) to be used for homeowner's primary residence
- 4) Utilities and Broadband Assistance:
 - a. *Utilities:* Each Homeowner will be eligible for up to \$6,000.00 through this program with respect to the applicant's primary residence (to address delinquencies in utility payments inclusive of trash collection services). Each Homeowner will be eligible for up to \$1,500.00 or \$500.00 per month with future payment assistance (not to exceed a period of 90 days or 3 months) through this program with respect to the applicant's primary residence.
 - b. **Broadband:** Each Homeowner will be eligible for up to \$600.00 through this program with respect to the applicant's primary residence (to address delinquency in broadband or home internet service payments). Each Homeowner will be eligible for up to \$150.00 or \$50.00 per month with future payment assistance (not to exceed a period of 90 days or 3 months) through this program with respect to the applicant's primary residence

Eligibility Criteria

Eligible Homeowners:

- Must show proof of homeownership
- Must be a resident of the CNMI and the assisted home must be the primary residence.
- Must meet the income limit: less than or equal to 150% area median income or less than the median income of the United States, whichever is greater (See income limits below)
- Must show proof of experiencing COVID-related financial hardship after January 21, 2020, including a hardship that begun before January 21, 2020 but continued after that date
- · Mortgage Delinquency Assistance: Must show proof of mortgage delinquency (must be at least one month delinquent)
- Insurance Arrears Assistance: Must show proof of insurance arrears (must be at least one month in arrears)
- Homeowner is at least one installment payment in arrears on one or more of the following: utilities, such as electric, gas, home energy, and water OR internet service, including broadband internet access service
- Statement of current inability to resume mortgage payments due to unemployment, underemployment or other continuing hardship
- Statement of current ability to resume any required regular payments after account is reinstated (OR) Ability to resume any required regular payments

Income Limits

| FY 2023 HAF Income Limits Summary for Northern Mariana Islands | | | | | | | | | | | |
|--|----------|----------|----------|----------|----------|----------|----------|----------|--|--|--|
| | 1-Person | 2-Person | 3-Person | 4-Person | 5-Person | 6-Person | 7-Person | 8-Person | | | |
| Greater of 100% AMI or 100% U.S. Median Income | \$96,200 | \$96,200 | \$96,200 | \$96,200 | \$96,200 | \$96,200 | \$96,200 | \$96,200 | | | |
| Greater of 150% AMI or 100% of U.S. Median Income | \$96,200 | \$96,200 | \$96,200 | \$96,200 | \$96,200 | \$96,200 | \$96,200 | \$97,650 | | | |

The pre-application for the HAF Program will be available, starting *Thursday, April 4, 2024*, at the NMHC Main Office and Planning/HAF Office in Garapan, Saipan and the Tinian and Rota Field Offices. The pre-application will also be available online on NMHC's website, www.nmhcgov.net (Public Notice/Announcements->Homeowner Assistance Fund Plan). Those who are interested in reviewing the HAF Plan and details of the program's terms can also visit the NMHC website. The application process will be ongoing until a notice is issued by NMHC and will be on a *first come, first serve basis*. Applications will only be accepted at the NMHC main and field offices. Should you have any questions, please contact any of the HAF admin specialists at (670) 233-0073/4/5/7.

/s/ Jesse S. Palacios Corporate Director



"NMHC is an equal employment and fair housing public agency"

CDBG-DR Office Tel: (670)233-9447/9448/9449 Rota Field Office Tel: (670)532-9410 Fax: (670)532-9441

Homeowner Pre-Application



PRINT CLEARLY. DO NOT submit supporting documents with this form.

All information must be complete prior to submission. Co-Applicant applies if more than one property

Official Use Only
Date: Case#:

| All information must be complete prior to submiss | om co Applicant applican | more than one | property ounier. | | | | | | | | | |
|---|-------------------------------------|--|--------------------------------------|------|----------------|-----|--|--|--|--|--|--|
| HOMEOWNER(S) INFORMATION | | | | | | | | | | | | |
| Applicant (Last, First, Middle) | DOB (MM/DD/YY) | Co-Applica | ant (Last, First, Mid | dle) | DOB (MM/DD/YY) | | | | | | | |
| Physical Address | | Physical Address | | | | | | | | | | |
| Mailing Address, if different from physical address | | Mailing Address, if different from physical address | | | | | | | | | | |
| Gender Marital Status Email Address | Gender Marital Status Email Address | | | | | | | | | | | |
| Contact Numbers Home#: Work#: Cell#: | | | Contact Numbers Home#: Work#: Cell#: | | | | | | | | | |
| Race: | | | Race: | | | | | | | | | |
| HOUSEHOLD INFORMATION | | | | | | | | | | | | |
| Pre-Eligibility Questions (all questions must be | answard - do not lagra anything | hlank) | | - 0 | Yes | No | | | | | | |
| | | | | | 108 | 110 | | | | | | |
| Are you a resident(s) in the CNMI? If yes, h | | Mont | ns | | | | | | | | | |
| Do you own and live in the home? (owner occ | | | | | | | | | | | | |
| Have you experienced a financial hardship after | | | | 1 | | 1 | | | | | | |
| your ability to pay the mortgage, utility, home | owner related insurance, a | and/or broadbar | nd services? (circle all that apply) | | | | | | | | | |
| Is your mortgage loan past due (at least by one | month) or on a forbearar | nce/deferment p | olan? Are you past | | | | | | | | | |
| due with one of your utilities (power, water, or | trash removal)? | | | | | | | | | | | |
| | | | | 1 | | | | | | | | |
| How many members in your household? Include yourself and all family members in your away (i.e., deployment, college student, off-isl | | Total household members | | | | | | | | | | |
| What is your total household annual income as | | | | | | | | | | | | |
| Include yourself and all adult members working | , | | | | | | | | | | | |
| "Adjusted Gross Income" amount from your 2 | | | - | | ; | | | | | | | |
| current income is significantly different from 2 | 701 | - | 1 | | | | | | | | | |
| current income is significantly different from 2 | 020 use your most curre | iit iiicoiiic. | | - 4 | | | | | | | | |
| | CERTIFICATION | AND SIGNAT | URES | | | | | | | | | |
| Under penalty of perjury, I/We certify that the information presented in this Homeowner Pre-Application form is true and accurate to the best of my/our knowledge. I/We understand that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of and the required repayment of any and all benefits received through CNMI's Homeowner Assistance Fund Program. | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Signature of Applicant: | : | | | | | | | | | | | |
| Signature of Co-Applicant: Date: | | | | | | | | | | | | |
| - · | * * * * * * * * OFFICIAL | LUSE ONLY * * | ****** | | | | | | | | | |
| | _150% AMI | Does the household pre-qualify for the HAF program?YesNo Notes: Reviewed and certified by: | | | | No | | | | | | |
| Past Due: Mortgage Utility | BroadbandInsurance | | | | | | | | | | | |
| Total household income \$ Household me Socially Disadvantaged Individual Yes No Priority household | | | | | | | | | | | | |