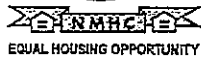




NORTHERN MARIANAS HOUSING CORPORATION

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



Tel. (670) 234-6866
234-9447
234-7689
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SECTION 8 NEW CONSTRUCTION PROGRAM PRE-APPLICATION

Date: _____ Time: _____
CONTACT NUMBER(S): _____

1. HEAD OF HOUSEHOLD INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Social Security Number _____ Date of Birth _____

Mailing Address _____

(City) _____ (State) _____ (Zip Code) _____

SECTION 214 ELIGIBILITY:		
<input type="checkbox"/> Full Assistance Assistance	<input type="checkbox"/> Prorated Rent/Mix Family	<input type="checkbox"/> Ineligible for
Nationality: _____	Family Composition: _____	No. Eligible Citizen: _____
<input type="checkbox"/> Elderly Household Family:	<input type="checkbox"/> Non-Elderly Household Family:	

2. INFORMATION ABOUT SPOUSE

Last Name _____ First Name _____ Middle Initial _____

Social Security Number _____ Date of Birth _____

3. HOW MANY PEOPLE WILL LIVE IN THE UNIT? Please include yourself. _____

ADULT _____ Male _____ Female _____
Children _____ Male _____ Female _____

4. DO ANY PERSONS WHO WILL LIVE IN THE UNIT HAVE DISABILITY?

Yes No

5. FOR PROGRAM STATISTICAL PURPOSES ONLY

Please identify your race and ethnicity by checking on box in each of the two categories below:

Check One:	Check One:
<input type="checkbox"/> White	<input type="checkbox"/> Asian
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Not-Hispanic or Latino

"NMHC is a fair housing agency and an equal opportunity, lender and employer"

6. SOURCE(S) OF FAMILY INCOME; CHECK ALL THAT APPLY AND IDENTIFY AMOUNT:

Wages \$ _____ P/A Social Security \$ _____ P/A
 SSI \$ _____ P/A TANF/Welfare \$ _____ P/A
 Food Stamp \$ _____ P/M Other Income \$ _____ P/A

7. HOUSEHOLD COMPSITION AND CHARACTERISTICS

List the Head of Household and all members who will be living in the unit, give the relationship of each family member to the head.

MEMBER NUMBER	MEMBER'S NAME	FULL	RELATION TO HEAD	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.

8. ASSETS

List all checking and saving accounts (including IRAs, Banks, Certificate of Deposit) of all head hold Members.

MEMBER NO	BANK NAME	TYPE OF ACCOUNT	CURRENT BALANCE	AS OF DATE

9. I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE.

I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in the housing voucher/or Section 8 New Construction program.

Date _____ Signature of Head of Household _____

Date _____ Signature of Co-Head Household _____

This Pre-Application is NOT an Official Application Form. You must complete the FULL APPLICATION FOR HOUSING ON the program selected.