

NORTHERN MARIANAS HOUSING CORPORATION

Information Form for Unassisted Rental Units

The Northern Marianas Housing Corporation (NMHC) would like to offer the opportunity for all NMHC registered property owners/managers in the CNMI to advertise unassisted rental units at our offices to applicants/participants under the Section 8 Housing Choice Voucher (HCV) Program. Approved units/buildings to be advertised will be posted in the lobby of our offices on Saipan, Tinian, and Rota.

Kindly fill out the information form describing the unit/building to be advertised; *fill out the form completely and do not leave any item(s) blank, units/buildings with incomplete forms will not be advertised.* Return the completed form with 1 or 2 pictures (5 x 7 or smaller) of the unit/building to the Program and Housing Division of the Northern Marianas Housing Corporation.

Prior to the leasing of an advertised rental unit, the property owner/landlord and the proposed rental unit must first be registered under NMHC; a property owner/landlord registration packet is available at our offices and must be completed/submitted before any leasing activities are initiated.

1. **Date information was provided:** _____

2. **Unit/Building Location:** Please provide a response to the following items.

Name of Building (if any)	Island and Village	Street Name	Unit/Building Lot No.

3. **Property Owner/Manager Information:** Please provide a response to the following items.

Name of Owner/Manager	Address	Phone Number

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

- | | | | | | |
|--------------------------------|-------|-----------------|-------|-----|-------|
| a. Single-Family Detached | _____ | | | | |
| b. Duplex | _____ | | | | |
| c. Townhouse | _____ | | | | |
| d. Garden Apt. (3-4 stories) | _____ | With Elevator? | _____ | Yes | _____ |
| e. Mid-Rise Apt. (5-7 stories) | _____ | With Elevator? | _____ | Yes | _____ |
| f. High-Rise Apt. (8+ stories) | _____ | With Elevator? | _____ | Yes | _____ |
| g. Other: | _____ | Please specify: | _____ | | |

5. **Unit/Building Size and Rent:** Please provide a response to the following items.

Number of Bedrooms	Number of Bathrooms	Total Square Feet	Starting Rent *

* Starting rent is the market-rate rent that would be charged if the unit became available today. If the building has assisted/subsidized units, be sure that the starting rent recorded is for the unassisted/unsubsidized, market-rate units. An "unassisted" rental unit is a unit that is NOT assisted under a Federal, State, or local government program. NMHC must determine a rental amount to be reasonable in comparison to rental amounts for other comparable, unassisted units in the open market; this ensures that property owners/managers do not charge an HCV Program participant more than what the property owner/manager could get in the private unassisted market.

6. **Unit/Building Age:** Please provide a response to the following items.

- Year unit/building built: _____ Year last major rehab completed: _____

7. **Unit/Building Amenities/Facilities/Services Provided by the Owner/Manager:** Please checkmark the amenities, facilities, and services provided by the owner/manager.

<i>Amenities/Facilities/Services</i>	<i>Yes</i>	<i>No</i>	<i>Amenities/Facilities/Services</i>	<i>Yes</i>	<i>No</i>
Central A/C			Range/Stove/Microwave		
Window A/C Units			Dishwasher		
Carpeting			Refrigerator		
Dishwasher			Garage/Carport		
Garbage/Trash Collection			Storage Outside Unit		
Washer/Dryer			Kitchen: Dining Set		
Washer/Dryer Connections			Window Screens		
Patio/Porch/Deck			Semi-Furnished		
Playground			Fully-Furnished		
Typhoon/Storm Windows/Shutters			On-Site Maintenance Staff		
Laundry Facilities			On-Site Security Guard		
Fireplace			On-Site Security Alarm System		
Fenced Yard			On-Site Janitorial Services		
Community Room/Clubhouse			Yard Maintenance		
Swimming Pool			On-Site Management Staff		
			On-Site Desk Service		
Other (please specify):					

8. **Utility Information:** Please checkmark the specific fuel type for the following utilities.

<i>Utility</i>	<i>Specify Type of Fuel</i>								
Heating	Natural Gas		Bottled Gas		Oil/Electric		Coal		Other
Cooking	Natural Gas		Bottled Gas		Oil/Electric		Coal		Other
Water Heating	Natural Gas		Bottled Gas		Oil/Electric		Coal		Other
Sewer	State-Provided Sewer System			Septic Tank/Leeching Field					

9. **Utilities and Appliances:** If the owner shall provide and/or pay for the utilities and appliances identified below, please checkmark the "owner" section. If the tenant shall provide and/or pay for the utilities and appliances identified below, please checkmark the "tenant" section. Unless otherwise specified below, the OWNER shall pay for all utilities and appliances provided by the owner.

Item	Utility/Appliance Provided by:				Utility/Appliance Paid by:			
		Owner		Tenant		Owner		Tenant
Heating								
Cooking								
Water Heating								
Other Electric								
Water								
Sewer								
Trash Collection								
Air Conditioning								
Refrigerator								
Range/Stove								
Microwave								
Other								
Other, please specify:								

10. **Quality of the Unit/Building:** Please checkmark the description that best applies to the unit/building.

- a. Newly constructed or completely renovated.
- b. Well maintained and/or partially renovated.
- c. Adequate, but some repairs and/or maintenance may be needed soon. No renovation since construction.

11. **Other Information:** Please provide a response to the following items.

a. Please note any special features of the building, unit, grounds, location or neighborhood that might help NMHC compare this unit and its rents to other units in the area:

• _____

b. How many units are accessible to individuals with disabilities? _____

What bedroom size? _____

How does the rent for accessible units differ from rent charged for regular units?

• _____

c. Is occupancy limited to a particular clientele (e.g. elderly, disabled)? yes ___ no ___
 If yes, who? _____

d. Are there subsidized units in the building? yes ___ no ___
 If yes, how many? _____

If yes, indicate type of subsidy:

- 1. Section 202
- 2. Section 221 (d)(3)(BMIR)

3. _____ Section 236 (Insured or Non-insured)
4. _____ Section 515 Rural Development
5. _____ Home
6. _____ Tax Credit
7. _____ Other (Please describe, include any state or local subsidy): _____

e. Does the property owner/manager accept housing choice vouchers? yes ___ no ___

f. Are there differences in the rent charged for units of the same bedroom and bathroom size, depending upon unit location, amenities, or other features? yes ___ no ___
If yes, please explain. _____