



NORTHERN MARIANAS HOUSING CORPORATION

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

SECTION 8 HOUSING CHOICE VOUCHER LANDLORD APPLICATION & REGISTRY ANNUAL UPDATE

Tel. (670) 234-6866
234-9447
234-7689
234-7670
Fax: (670) 234-9021
(LLAnnual Rev.1 Aug 2018)

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 Street Address: _____

Business License Number: _____ Expiration Date: _____ Tax ID Number: _____

2. 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:

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: _____

3. UNIT INFORMATIONS:

(1) Are there any changes to the current units?

- YES, fill out remaining information for new units to be registered.
- NO, Proceed to Number 5

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

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

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

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. Bedroom	No. Bathroom/Room	Total Square Feet	Starting Rent
1				\$
2				\$
3				\$
4				\$
5				\$

4. REQUIRED DOCUMENTS FOR NEW UNITS:

- A. Proof of ownership of the Property where apartments or house is situated (deed, lease agreement, etc.);
- B. Location and vicinity map of dwelling unit(s);
- C. Two (2) perspective photo of the apartment/house(s);
- D. Department of Public Works, Building Safety Code - Certificate of Occupancy (CO)

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

5. 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
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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

The NMHC will update all information provided by the landlord in the landlord registry on a yearly basis. Again **annual updates application must be filled in order to remain on the Registry.**

Submit To:
JESSE S. PALACIOS
CORPORATE DIRECTOR

6. DECLARATION

I declare under the penalty of perjury that the foregoing application 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

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

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.