



NORTHERN MARIANAS HOUSING CORPORATION

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

Email: nmhc@nmhc.gov.mp

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



Tels: (670) 234-6866
234-9447
234-7689
234-7670
Fax: (670) 234-9021
233-6870

HOME INVESTMENT PARTNERSHIPS PROGRAM (HOME PROGRAM)

This is a pre-qualification application only. Because the information collected from the applicant/co-applicant during this process may not be accurate or complete, as the Program staff may only be relying on "assumed estimates" regarding income, employment, debt, and assets, applicants who are initially determined eligible may later be determined ineligible for the program.

PLEASE SUBMIT THE FOLLOWING TO SUPPORT HOUSEHOLD INCOME ELIGIBILITY REVIEW:

- 1. IDENTIFICATION FOR ALL MEMBERS OF THE HOUSEHOLD:
 - a. BIRTH CERTIFICATES
 - b. PHOTO ID (any gov't issued ID/ passport)
 - c. SOCIAL SECURITY CARDS
- 2. PROOF OF HOUSEHOLD INCOME FOR ALL MEMBERS OF THE HOUSEHOLD:
 - d. FOUR (4) MOST RECENT CHECK STUBS FOR ALL APPLICANTS
 - e. SOCIAL SECURITY & RETIREMENT STATEMENTS (IF APPLICABLE)
- 3. FINANCIAL INSTITUTION INFORMATION FOR APPLICANT AND CO-APPLICANT:
 - f. SIX (6) MOST RECENT CHECKING ACCOUNT(S) STATEMENT
 - g. LATEST SAVINGS, TCD, 401A/ 401K RETIREMENT. Etc... STATEMENT
 - h. DEBTS - LOAN INFORMATION SUCH AS AUTO LOANS, CREDIT CARDS, STUDENT LOANS, ETC.... (INDICATES PRINCIPAL BALANCE, MONTHLY PAYMENT AMOUNT & CURRENT BALANCE)

2024 HUD INCOME LIMITS

HOUSEHOLD SIZE	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
30% Limits	\$11,400	\$13,000	\$14,650	\$16,250	\$17,550	\$18,850	\$20,150	\$21,450
Very Low Income	\$19,000	\$21,700	\$24,400	\$27,100	\$29,300	\$31,450	\$33,650	\$35,800
60% Limits	\$22,800	\$26,040	\$29,280	\$32,520	\$35,150	\$37,740	\$40,300	\$42,960
80% Limits	\$30,350	\$34,700	\$39,050	\$43,350	\$46,850	\$50,300	\$53,800	\$57,250

Applicant Information

Full name: _____ Date of Birth _____
Last First M.I.

Address: _____ Phone: _____
Residential Address (Street / Village) Apt/Unit #

_____ Email: _____
Mailing Address State Zip Code

Employer: _____
Name of Employer Position Years Employed

Co-Applicant Information

<p>Full name: _____</p> <p style="text-align: center;"><i>Last First M.I.</i></p>	<p>Date of Birth _____</p>
<p>Address: _____</p> <p style="text-align: center;"><i>Residential Address (Street / Village) Apt/Unit #</i></p>	<p>Phone: _____</p>
<p>Employer: _____</p> <p style="text-align: center;"><i>Mailing Address State Zip Code</i></p>	<p>Email: _____</p>
<p>_____</p> <p style="text-align: center;"><i>Name of Employer Position Years Employed</i></p>	

Household Information

List ALL other persons living in the house. If necessary, use an additional sheet of paper for listing additional members

<u>Full Name [First, M.I., Last]</u>	<u>Relationship to Applicant</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL # OF HOUSEHOLD MEMBERS (Including Applicant and Co-Applicant) _____

- Please note that you must sign a Certification of Household Size at the application stage.

Household Income

<u>List ALL persons who receive income</u>	<u>Type of Income (salary, pension, VA, social security)</u>	<u>Gross Annual Income (before deductions)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL Gross Annual Household Income \$ _____

Type of Housing Program Assistance Applying For:

- New Construction (construction of a home on a property You Own or Have Title (deed) and are Not Living In)
- Purchase / Acquisition & Repair (the purchase of a home that is ready-to-move-in or needs repair)
- Rehabilitation (repair to a home that you are living in)

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____

Date: _____

Signature: _____

Date: _____