



EQUAL HOUSING OPPORTUNITY

# NORTHERN MARIANAS HOUSING CORPORATION

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

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234-9447  
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## Housing Choice Voucher Program Unit Transfer Request Form

Name of Head of Household: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

I am requesting to transfer my Housing Choice Voucher to another unit on Saipan. I understand that the Northern Marianas Housing Corporation (NMHC) will deny a participant's request to make an elective move during the initial lease term.

1. \_\_\_\_\_ I have lived in my unit for one (1) year or more and would like to request to transfer to another unit for the following reason(s): \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_ I have lived in my unit for less than one (1) year and would like to request an exception to this policy due to the following special circumstance(s): \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_ I have received a [ ] 30 day, [ ] 60 day, or [ ] 90 day notice to move from my landlord.

Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR NMHC USE ONLY:	
Housing Choice Voucher Number:	
Unit Transfer Request is:	_____ APPROVED _____ DENIED

Program and Housing Division Manager Name and Signature

Date

Client received copy: \_\_\_\_\_

**"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