



**NORTHERN MARIANAS HOUSING CORPORATION**  
**Community Development Block Grant – Disaster Recovery (CDBG-DR) Division**  
P.O. BOX 500514, Saipan, MP 96950-0514  
Email: [cnmi-cdbg-dr@nmhcgov.net](mailto:cnmi-cdbg-dr@nmhcgov.net)  
Website: <http://www.cnmi-cdbgdr.com>

**CDBG-DR PROGRAM**  
**PRE-QUALIFICATION APPLICATION CHECKLIST**

Applicant(s): \_\_\_\_\_ Date: \_\_\_\_\_

In order to determine your eligibility for financial assistance, we need the following items:

- ☐ Photo I.D. -Driver's License, MOS, Passport (**for applicants only**) and Birth Certificates (**for each member of the household**)
- ☐ Copies of four (4) most current pay/check stubs for ALL adults household members
- ☐ Copies of Social Security Income and Retirement Income Statements, if applicable
- ☐ Copy of Certification of Title, Deed, or Residential Homestead Permit, if applicable
- ☐ Photos of the lot and interior/exterior of typhoon-related structural damages (**for Homeowner Rehabilitation/Reconstruction applicants**)

**\*\*Once you have collected the above documents and completed the attached Pre-Qualification Application, please submit it to our office located on the 3<sup>rd</sup> floor of the Ladera Building, Beach Road, Chalan Laulau.\*\***



**“NMHC is an equal employment and fair housing public agency”**

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

**CDBG-DR Office**  
Tel: (670)233-9447/9448/9449 Fax: (670)233-9452

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



**NORTHERN MARIANAS HOUSING CORPORATION**  
**Community Development Block Grant – Disaster Recovery (CDBG-DR) Division**  
P.O. BOX 500514, Saipan, MP 96950-0514  
Email: [cnmi-cdbg-dr@nmhcgov.net](mailto:cnmi-cdbg-dr@nmhcgov.net)  
Website: <http://www.cnmi-cdbgdr.com>

**PRE-QUALIFICATION  
APPLICATION**

**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.

**Applicant Information**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City/State/ZIP Code \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Employed? ☐ Yes ☐ No Citizenship: \_\_\_\_\_

**Co-Applicant Information**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City/State/ZIP Code \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Employed? ☐ Yes ☐ No Citizenship: \_\_\_\_\_

**Household Information**

If necessary, use additional sheet of paper for listing additional members

<b>All other persons who live in the house</b>	<b>Relationship</b>	<b>Age</b>	<b>Student?</b>	<b>Citizenship</b>	<b>Employed?</b>
1. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Total number of persons in household: \_\_\_\_\_

**Household Income**

<b>List ALL household members that receive income</b>	<b>Type of Income (Salary, pension, VA, Social Security, Unemployment, Disability, etc.)</b>	<b>Gross Annual Income Before Deductions</b>
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____

Total Gross Annual Household Income: \$ \_\_\_\_\_



## **Type of Housing Program Assistance Applying For:**

\_\_ Homeowner Rehabilitation and Reconstruction

## **Property Information**

1. Your principal residence was severely damaged/destroyed by ☐ Typhoon Mangkhut ☐ Super Typhoon Yutu ☐ Both storms
2. Is the deed to your home in your name? ☐ Yes ☐ No
3. Do you have a mortgage on your home? ☐ Yes ☐ No
4. Do you have homeowner's insurance? ☐ Yes ☐ No
5. Do you own any other properties? ☐ Yes ☐ No
6. Property Type: ☐ Concrete ☐ Semi-concrete ☐ Town home ☐ Mobile home ☐ Other (please describe)\_\_\_\_\_
7. Are you an employee of NMHC? ☐ Yes ☐ No
8. Are you the immediate family member of an NMHC employee? ☐ Yes ☐ No
8. Are an elected or appointed official of the CNMI Government? ☐ Yes ☐ No
9. Are you the immediate family member of an elected or appointed official of the CNMI Government? ☐ Yes ☐ No
10. Are you a business vendor or subrecipient receiving funds under the CDBG-DR Program? ☐ Yes ☐ No

## **Signature**

I acknowledge that the information listed above is true and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

<b><u>NORTHERN MARIANA ISLANDS HOME INCOME LIMITS</u></b> As of June 15, 2023	<b>1 Person</b>	<b>2 Person</b>	<b>3 Person</b>	<b>4 Person</b>	<b>5 Person</b>	<b>6 Person</b>	<b>7 Person</b>	<b>8 Person</b>
30% of Median Income	11,000	12,600	14,150	15,750	17,000	18,250	19,500	20,750
50% of Median Income	17,300	19,750	22,200	24,650	26,650	28,600	30,600	32,550
80% of Median Income	27,650	31,600	35,550	39,450	42,650	45,800	48,950	52,100
120% of Median Income	41,400	47,350	53,250	59,150	63,900	68,650	73,350	78,100