



Tel: (670)235-1357 | Fax: (670) 235-1358
 Website: www.saipancomforthomes.net

APPLICATION FOR HOUSING
 Low-Income Housing Tax Credit Property
(Please Print Clearly)

This is an application for housing at:	Saipan Comfort Homes
Please complete this application and return to:	Triple J Corporate Office, Chalan Kanoa P.O Box 10001 PMB 190 Saipan, MP 96950

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION	
Applicant Name: _____	
Mailing Address: _____	
P.O BOX/ Street	City State ZIP
Daytime Phone: _____	Evening Phone: _____
Email Address: _____	Ethnicity: _____
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other: _____	

Are you currently:
<input type="checkbox"/> RENTING <input type="checkbox"/> RENTING (Sec. 8 assisted) <input type="checkbox"/> HOMEOWNER <input type="checkbox"/> OTHER(Specify): _____
Amount of current monthly rental (if Sec. 8 assisted, include Sec. 8 benefit amount): \$ _____
If a Section 8 voucher holder, list share of the current monthly rental: \$ _____
Amount of current monthly mortgage payment: \$ _____
If a Homeowner, do you receive monthly rental income from property? <input type="checkbox"/> Yes <input type="checkbox"/> No (Check One)

Check utilities paid by you: <input type="checkbox"/> Electricity <input type="checkbox"/> Water <input type="checkbox"/> Gas <input type="checkbox"/> Other(specify): _____
Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____
Check utilities paid by NMHC: <input type="checkbox"/> Electricity <input type="checkbox"/> Water <input type="checkbox"/> Gas <input type="checkbox"/> Other(specify): _____
Approximate monthly utility allowance you receive from NMHC:\$ _____
Number of bedrooms in current unit: _____



B. HOUSEHOLD COMPOSITION						
	NAME	Relationship to Head	Birth Date	Age (Optional)	SS. No	Student (Y/N)
Head (HH)						
Co-T						
3.						
4.						
5.						

Student Name	School Currently Attending

Have there been any changes in the household within the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		
Do you anticipate any changes in household composition in the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		

Will ALL of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than correspondence school) with regular faculty and students?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a TANF (Welfare) or a title IV (Financial Aid) recipient	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her minor child who is a Dependent on another's tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



C. INCOME

List ALL sources of income as requested below.
 If your income sources are too numerous to list here, please request for an additional form.
 If a section doesn't apply, please indicate NONE.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security (Income based on earned credits from taxable work)	
	Social Security (Income based on earned credits from taxable work)	
	Social Security (Income based on earned credits from taxable work)	
	Social Security (Income based on earned credits from taxable work)	
	SSI (Social Security Income) Benefits (Cash Assistance for 65 or older/Blind/Disabled)	
	SSI (Social Security Income) Benefits (Cash Assistance for 65 or older/Blind/Disabled)	
	Pension (list source)	
	Pension (list source)	
	Veteran's Benefits (list claim #)	
	Veteran's Benefits (list claim #)	
	Unemployment Compensation	
	Unemployment Compensation	
	Title IV (Financial Aid)/TANF (Temporary Assistance for the Needy Families-Welfare)	
	Title IV (Financial Aid)/TANF (Temporary Assistance for the Needy Families-Welfare)	
	Contributions to the Household (Monetary or not)	
	Full-Time Student Income (18 & Over Only)	
	Full-Time Student Income (18 & Over Only)	
	Interest Income (Source)	
	Interest Income (Source)	
	Long Term Medical Care Insurance Payments in excess of \$180/day	



Household Member Name	Source of Income	Monthly Amount
	Employment Amount	
	Employer:	
	Employer Contact #:	
	Position Held:	How Long Employed
Household Member Name	Source of Income	Monthly Amount
	Employment Amount	
	Employer:	
	Employer Contact #:	
	Position Held:	How Long Employed
Household Member Name	Source of Income	Monthly Amount
	Employment Amount	
	Employer:	
	Employer Contact #:	
	Position Held:	How Long Employed

	Alimony	
	Are you <i>legally entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive	\$
	Child Support	
	Are you <i>legally entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	Other Income	\$
	Other Income	\$

TOTAL GROSS ANNUAL INCOME (Based on Monthly amounts listed above x 12)	\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR	\$
Do you anticipate any changes in this income in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of the household legally entitled to receive income assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of the household likely to receive income or assistance (monetary or not) from someone who is not a member of the household as listed on Page 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the above, explain:	
Is this income received?	<input type="checkbox"/> Yes <input type="checkbox"/> No`



D. ASSETS

If your assets are too numerous to list here, please request an additional form.
If a section doesn't apply, please indicate NONE.

Checking Accounts	#	Bank	Balance\$
	#	Bank	Balance\$
	#	Bank	Balance\$
Savings Account	#	Bank	Balance\$
	#	Bank	Balance\$
	#	Bank	Balance\$
Credit Union	#	Bank	Balance\$
	#	Bank	Balance\$
Certificates	#	Bank	Balance\$
Trust Account	#	Bank	Balance\$
Savings Bonds	#	Bank	Value\$

Life Insurance Policy	Company:	#	Cash Value \$
Life Insurance Policy	Company:	#	Cash Value \$

Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value\$

Real Estate Property: Do you own property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , Type of property	
Location of property	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Does any member of the household have asset(s) owned jointly with a person who is NOT a member of the household listed on Page 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , describe:	
Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No



F. REFERENCE INFORMATION		
Current Landlord	Name:	Contact
	Address:	How Long?
Prior Landlord	Name:	Contact:
	Address:	How Long?

Credit Reference #1	Account#:
Address:	Contact #:
Credit Reference #2:	Account #:
Address:	Contact #:
Credit Reference #3:	Account #:
Address:	Contact #:

Personal Reference #1:	Relationship:
Address:	Contact #:
Personal Reference #2:	Relationship:
Address:	Contact #:
Personal Reference #3:	Relationship
Address:	Contact #:

In case of emergency, notify:	Relationship:
Address:	Contact #:

G. VEHICLE INFORMATION (If applicable)	
List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.	
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Type of Vehicle:	License Plate#:
Year/Make:	Color
Type of Vehicle:	License Plate #:
Year/Make:	Color:



H. REFERRAL SOURCE			
Tell us how you heard about Saipan Comfort Homes:			
	Name	Contact	Location
Family/Friend/Other(Person):			
Sandy Beach Home Tenant:			
Real Estate Agent/Company:			
Other (specify):			

Certificate by Applicant(s)

1. As a Saipan Comfort Homes Representative, I am making you aware that no one else can join the household without prior management approval. Do you understand this clearly? Yes No
2. Do you understand that if we discover during the verification process that others will be living in your household not listed on the application or on this interview checklist that is grounds to cancel your application? Yes No
3. As a Saipan Comfort Homes Representative, I am also making you aware that we do not allow pets in the community as described in the Saipan Comfort Homes Community Rules and Regulations, and having any other pet will be in violation. Do you understand this clearly? Yes No

Thank you for answering all the above questions. You must now sign all required verification release forms. Once we have completed processing all paperwork, you will be contacted of selection, rejection, or waiting list status.

I/We certify that all questions on the application have been asked of me/us at my/our personal interview with management. I/We have understood and answered all questions/ I/We have reviewed my/our answers on the application. I/We certify the I/We Do/Will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management’s selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

SIGNATURE(S):

(Signature of Tenant): _____ Date: _____

(Signature of Co-Tenant): _____ Date: _____

(Signature of Co-Tenant): _____ Date: _____

(Signature of Co-Tenant): _____ Date: _____

(Signature of Manager/Owner): _____ Date: _____



TENANT DEMOGRAPHICS

In compliance with the Low Income Housing Tax credit program (LIHTC), Saipan Comfort Homes is required to collect and submit demographic and economic information of all tenants residing in LIHTC financed properties.

UNIT#: _____

(Please Circle One)

- RACE: **1** - White
 2 - Black/African American
 3 - American Indian/Alaska Native
 4 - Asian
 5 - Native Hawaiian/Other Pacific Islander
 6 - Other
 7 - No response
 8 - Tenant did not respond

- ETHNICITY: **1** - Hispanic or Latino
 2 - Not Hispanic or Latino
 3 - Tenant did not respond

- DISABLED: **1** - **(YES)** - If household member is disabled according to The Fair Housing Act definition for handicap
 2 - **(NO)** - If household member is not disabled
 3 - Tenant did not respond

HH Mbr#	NAME	RACE	ETHNICITY	DISABLED?
1		1 2 3 4 5 6 7 8	1 2 3	1 2 3
2		1 2 3 4 5 6 7 8	1 2 3	1 2 3
3		1 2 3 4 5 6 7 8	1 2 3	1 2 3
4		1 2 3 4 5 6 7 8	1 2 3	1 2 3
5		1 2 3 4 5 6 7 8	1 2 3	1 2 3