



Tel: (670) 235-7263 | Fax: (670) 235-1795

## APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

(Please Print Clearly)

This is an application for housing at:	<b>Sandy Beach Homes</b>
Please complete this application and return to:	Sandy Beach Homes, LLC 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: _____			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <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):	\$ _____
Is 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 cost of utilities paid by NMHC: \$ _____
Number of bedrooms in current unit: _____



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## B. HOUSEHOLD COMPOSITION

	<i>NAME</i>	<i>RELATIONSHIP TO HEAD</i>	<i>BIRTH DATE</i>	<i>AGE (Optional)</i>	<i>SS. No</i>	<i>Student (Y/N)</i>
<i>HEAD (HH)</i>						
<i>Co-T</i>						
3.						
4.						
5.						
6.						
7.						
8.						

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

Will <b>ALL</b> 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 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



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### B. 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 does not 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 claims #)	
	Veteran's Benefits (list claims #)	
	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 Students Income (18 & Over Only)	
	Full-Time Students Income (18 & Over Only)	
	Interest Source (Source)	
	Interest Source (Source)	
	Long Term Medical Care Insurance Payments in excess of \$180/day	



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

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

<b>TOTAL GROSS ANNUAL INCOME</b> (Based on Monthly amount listed above x 12)	\$
<b>TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR</b>	\$
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 ( <b>monetary or not</b> ) from someone who is not a member of the household listed on Page 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes to any of the above, explain:</b>	
Is this income received?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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### C. 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 Account	#	Bank	Balance\$
	#	Bank	Balance\$
	#	Bank	Balance\$
Saving 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 of Dividend\$	Value\$
Investment Property				Appraised Value\$

Real Estate Property: <b>Do you own property?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes</b> , 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
<b>If yes</b> , describe:	
Do they have access to the asset(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Have you sold/disposed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, Type of property:</b>	
Market Value when sold/disposed	\$
Amount sold/disposed for	\$
Date of transaction	

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, describe the asset:</b>	
Date of disposition:	
Amount of Disposed	\$

Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, Please list</b>	

<b>D. ADDITIONAL INFORMATION</b>	
Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member listed on this application ever been convicted for and criminal activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, describe:</b>	
Have you or any member of your family ever been evicted from housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, describe:</b>	

Have you or any member listed on this application ever been housed at this property or any other property managed by Triple J Saipan, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, when and which property?</b>

<b>Briefly describe you reasons for applying:</b>



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<b>E. REFERENCE INFORMATION</b>		
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#:

<b>In case of emergency, notify:</b>	<b>Relationship:</b>
<b>Address:</b>	<b>Contact#:</b>

<b>F. VEHICLE INFORMATION (If applicable)</b>	
List any cares, trucks, or other vehicle 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:



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A. REFERRAL SOURCE			
Tell us how you heard about Sandy Beach Homes			
	Name:	Contact:	Location:
Family/Friend/Other(Person):			
Sandy Beach Home Tenant:			
Real Estate Agency/Company:			
SBH Advertisement (Specify):			
Other (Specify):			

### Certification by Applicant(s)

1. As a Sandy Beach Homes representative, I am making you aware that no one else can join the household without prior management approval. Do you understand? ☐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 you application? ☐Yes ☐No
3. As a Sandy Beach Homes' representative, I am also making you aware that we do not allow pets in the community, with the exception of birds and fish as described in Sandy Beach Homes Community Rules and Regulations, and have any other pet will be in violation. Do you understand this clearly? ☐Yes ☐No

Thank you for answering all of 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 this 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 this application. I/We hereby certify that I/we do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/out 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 or tenancy after occupancy. All adult applicants, 18 or older, must sign application.*

SIGNATURE(S):

(Signature of Tenant) \_\_\_\_\_ Date: \_\_\_\_\_

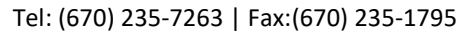
(Signature of Co-Tenant) \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of Co-Tenant) \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of Co-Tenant) \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of Manager/Owner) \_\_\_\_\_ Date: \_\_\_\_\_





In compliance with the Low Income Housing Tax credit program (LIHTC), Sandy Beach Homes is required to collect and submit demographic and economic information of all tenants residing in LIHTC financed properties. Sandy Beach Homes is required to submit the following data for each household.

**(Please Circle One)**

ETHNICITY:    **1** - Hispanic or Latino  
                  **2** - Not Hispanic or Latino  
                  **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
6		1 2 3 4 5 6 7 8	1 2 3	1 2 3
7		1 2 3 4 5 6 7 8	1 2 3	1 2 3
8		1 2 3 4 5 6 7 8	1 2 3	1 2 3

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