HOME RENTAL ASSISTANCE

IN OBTAINING OR RETAINING SUITABLE HOUSING

RE-ANNOUNCEMENT

ELIGIBILITY

- √ Families displaced by Typhoon Mangkhut or Super Typhoon Yutu
- √ Not a current recipient of any housing rental assistance program

CSBG Disaster Supplemental funds will provide seven (7) months rental assistance to seventeen- (17) qualifying families.

SAIPAN

- √ Nine (9) eligible families

TINIAN

- √ Four (4) eligible families

ROTA

- √ Four (4) eligible families

Application package available for pickup at the Kagman Community Center, DYS Admin, DYS Tinian or Rota Offices, or can be downloaded from the Division's website:

www.dys.gov.mp

PACKAGE DEADLINE

February 10, 2021

at 4:30 p.m.

FOR MORE INFORMATION CALL OR EMAIL

(670)237-1015/1016/1018
Jennifer Tanaka at jtanaka@dys.gov.mp or
Nina S. Nekaifes at nnekaifes@dys.gov.mp

This program was made possible by the Community Services Block Grant (CSBG) Disaster Relief Act, 2019 (Public Law 116-20), Administration for Children & Families, U.S. Department of Health & Human Services.

DIVISION OF YOUTH SERVICES

DEPARTMENT OF COMMUNITY & CULTURAL AFFAIRS
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

OFFICE OF THE ADMINISTRATOR

1st Floor, Building 1300, P.O. Box 501000 C.K., Saipan, MP 96950

RE-ANNOUNCEMENT

COMMUNITY SERVICES BLOCK GRANT-

Disaster Supplemental

HOME RENTAL ASSISTANCE PROGRAM

Purpose: To address disaster related needs and service delivery in the form of home rental assistance for eligible families who were directly displaced by Typhoon Mangkhut or Super Typhoon Yutu.

Funding for CSBG Home Rental Assistance Program will be made available for:

- Saipan (9 Eligible Families)
- Tinian (4 Eligible Families)
- Rota (4 Eligible Families)

Registration package can be picked up from any of the following locations:

- Kagman Community Center
- Division of Youth Services-Admin. Office in Capitol Hill
- Rota DYS Office
- Tinian DYS Office

Electronic copy of the application can be downloaded from: http://www.dys.gov.mp

Registration Deadline: February 10, 2021 at 4:30 p.m.

Application Submission: Completed applications can be dropped off at any of the locations indicated above or via email below. Please note that any incomplete package will not be entertained.

For more information, please call:
Jennifer Tanaka, 237-1017, via email at jtanaka@dys.gov.mp
Nina Nekaifes at 237-1018, via email at nnekaifes@dys.gov.mp

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Administration for Children and Families,
U.S. Department of Health & Human Services

ELIBILITY REQUIREMENTS

1. MUST MEET INCOME ELIGIBILITY REQUIREMENTS.
2. MUST BE A U.S. CITIZEN OR AN ELIGIBLE ALIEN TO QUALIFY
3. WAS RESIDING IN THE CNMI DURING TYPHOON MANGHKUT OR SUPER TYPHOON YUTU.
4. NOT A CURRENT RECIPIENT OF ANY HOUSING RENTAL ASSISTANCE PROGRAM.
5. TERMINATED FROM ANY PREVIOUS HOUSING ASSISTANCE FOR NON-COMPLIANCE.
6. MUST PROVIDE LISTING OF ONE (1) RENTAL PROPERTY/LANDLORDS WITH VALID BUSINESS LICENSE AND TAX IDENTIFICATION NUMBER.

CHECKLIST FOR PACKAGE SUBMISSION

_____COMPLETED FAMILY & YOUTH ENHANCEMENT PROGRAM REGISTRATION

_____ID COPIES OF ALL MEMBERS OF THE HOUSEHOLD (For adults copies of Passport, Eligible aliens- Contract Workers documents and Birth Certificate for child(ren)

_____ PROOF OF INCOME of Household members (Latest Bank Account Statements, (3) recent earning statements)

_____PROOF OF RESIDENCY (Utility billing, Government issued photo ID, Car Registration, etc.)

_____CERTIFICATION of BENEFITS (NAP, Medicaid, SSI, Retirement, etc.,)

_____CONTACT INFORMTION FOR LANDLORD

_____COPY OF RENTAL BUSINESS LICENSE, TAX IDENTIFICATION CARD AND CERTIFICATE OF OCCUPANCY FROM THE LANDLORD

_____MAP OF RESIDENCE

APPLICATION PROCESS

1. Submit completed Registration & required documentation (see application checklist).

2. Applications will be accepted at the following locations:
   - Kagman Community Center (Saipan)
   - Division of Youth Services-Admin. Office (Saipan)
   - Rota DYS Office (Rota)
   - Tinian DYS Office (Tinian)

3. Applications that are submitted on time with all supporting documents will be reviewed by the review committee.

4. A waiting list will be compiled. In the event of any cancellations or terminations, next eligible applicant will be notified.

5. DYS will notify selected applicants.

6. DYS will coordinate a final meeting to include the home assessment with the Landlord and signing of the DYS Home Rental Assistance Agreement and Landlord Agreement.

COMMUNITY SERVICES BLOCK GRANT-Disaster Supplemental

DYS HOME RENTAL ASSISTANCE AGREEMENT

Please initial if you have read and you are in agreement with the following Home Rental Assistance Program terms:

_____I understand that this application does not guarantee me or any members of my household housing rental assistance.

_____I understand that this program is for housing rental assistance only.

_____I understand that this assistance will only be for a period of seven (7) months. If the agreement is for less than seven months, then the assistance amount will also decrease respectively.

_____ I understand that this is a one-time assistance.

_____ I agree that DYS shall make necessary contacts with my landlord should the need arise to retrieve any needed program information.

_____I understand that the DCCA-DYS is not responsible for any repairs or maintenance of the house or apartment I am occupying.

_____ I understand that DCCA-DYS is not responsible to pay for utilities, i.e., water and sewage bills or any penalty fees.

_____ I understand that the DCCA-DYS is not responsible to pay for any past due or arrears on my rental/lease agreement, or pay for security deposit or an advance payment.

_____I agree to provide DCCA-DYS two-weeks advance notice in the event that I cancel my application for housing rental assistance.

_____ I understand that any eviction notice from the landlord will be the cause for being terminated from the housing rental assistance.

APPLICANT CERTIFICATION:

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT and I understand that any false statement or misrepresentation may result in the denial of my application.

_____ _____

Applicant (Print Name/Signature) Date

_____ _____

DYS Authorized Personnel Date

CSBG –Disaster Supplemental
HOME RENTAL ASSISTANCE PROGRAM

FAMILY/INDIVIDUAL NEEDS ASSESSMENT

Case #_____

FOR OFFICE USE		
Received by:	Date Received:	Time:

1. LEAD- APPLICANT:

   Last Name: _____ First Name: _____ M.I. ____

   Social Security Number: _____ DOB: _____

   Mailing Address: _____

   _____

   (Village) (Island) (Zip Code)

2. CO- APPLICANT:

   Last Name: _____ First Name: _____ M.I. ____

   Social Security Number: _____ DOB: _____

3. HOW MANY PEOPLE WILL LIVE IN THE UNIT? (Please include yourself)

   # OF ADULTS: _____ Female: _____ Male: _____

   # OF CHILDREN: _____ Female: _____ Male: _____

4. ARE THERE ANY SPECIAL ACCOMODATION (S) NEEDED?

   [ ] YES [ ] NO

   IF YES, PLEASE LIST.

   _____

   _____

   _____

5. SOURCES(S) OF FAMILY INCOME, CHECK ALL THAT APPLY AND INDICATE AMOUNTS:

[ ] WAGES $_____ P/A [ ] Social Security $ _____ P/A

[ ] SSI $_____ P/A [ ] Retirement $_____P/A

[ ] Food Stamp $_____ P//A [ ] Other Income $_____P/A

6. ASSETS (List all checking and saving accounts of all household members)

Member Number	Bank Name	Type of Account	Current Balance	As of Date

7. HOUSEHOLD COMPOSITION AND CHARACTERISTICS (List the head of household and all other members who will be living in the unit, give the relationship of each family member to the head of household.)

Full Name	Relationship	DOB	AGE	GENDER	SS Number

8. I CERTIFY UNDER THE PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE. I understand that submission of false information or misrepresentation may result in my disqualification to participate in the CSBG Home Rental Assistance Program.

Signature of Lead- Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____