



Department of Community & Cultural Affairs Child Care & Development Fund



Caller Box 10007 Saipan, MP 96950
Tel.: (670) 664-2575/76/89 Fax: (670) 664-2547

Statement of Assets

I/We, _____, & _____

resident(s) of _____, with the postal address of

_____ due hereby declare that:

a. I/We certify that our family assets do not exceed \$1,000,000.00.

Done on this _____ day of _____ 202__ on
(Saipan/Tinian/Rota), Commonwealth of the Northern Marianas Islands.

Print& Sign (Affiant)

Print& Sign (Affiant)



Department of Community & Cultural Affairs

Child Care & Development Fund

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MAP TO RESIDENCE

Name of Applicant: _____
Village: _____
Apartment Number (if any): _____

Street Name: _____
Obvious Landmarks Store, Church, etc.) _____

Parent/Legal Guardian: _____
(Print Name and Sign)

Date: _____