

# CNMI APPLICATION FOR DISASTER NUTRITION ASSISTANCE (D-NAP)

DO NOT WRITE IN SHADED AREAS

## OFFICIAL USE ONLY

Disaster Benefit Period

Begin: \_\_\_\_\_ End: \_\_\_\_\_

Number: \_\_\_\_\_

Application Date:

**INSTRUCTIONS:** Complete this application honestly and to the best of your knowledge. If your household knows but refuses to provide any required information, it will not be eligible for D-NAP benefits. When you are interviewed, you must show identification and may be required to verify your residency in the disaster area at the time of the disaster, household composition, and disaster-related expenses. You can authorize someone outside your household to apply for, receive, or use your Disaster Nutrition Assistance benefits.

Head of Household (Last, First name and Middle Initial)	Verified	Authorized Representative (Last, First name and Middle Initial)
Mailing Address (if different) with zip code	Verified	Temporary Address and Telephone Number (if different)
Phone Number(s):		Island:

### PART A – HOUSEHOLD SITUATION

Was your household living or working in the disaster area at the time of the disaster? If yes, please answer the following questions:	YES	NO
Did the disaster damage or destroy your home or self-employment property?		
Does your household have any additional expenses as a result of the disaster?		
Did your household purchase food between April 11 and May 10, 2026?		
Did the disaster delay, reduce, or stop any of your household's income?		
Does your household have money in checking/savings accounts that you cannot get to because the bank is closed or inaccessible due to the disaster?		
Is anyone in your household employed within the CNMI Government (Saipan, Tinian, or Rota)?		
Are you or any member(s) of your household currently receiving benefits from the Nutrition Assistance Program? If yes, When: _____ State: _____ Island: _____ If no, how many of your household member(s) are <b>not</b> a NAP Participant(s): _____		

List the members of your household, including yourself, who were living and eating with you at the time of the disaster. List each household member's social security number (SSN) if available. Applicants are *not required* to have or give their Social Security Number on this application to qualify for D-NAP. Also list each household member's date of birth, sex, race, and source and amount of take-home pay.

List any other income your household members have received or expect to receive during the D-NAP benefit period, April 11-May 10, 2026. **DO NOT INCLUDE PEOPLE WHO WERE NOT PART OF YOUR HOUSEHOLD WHEN THE DISASTER HAPPENED. IF YOU ARE TEMPORARILY STAYING WITH ANOTHER HOUSEHOLD BECAUSE OF THE DISASTER, DO NOT LIST MEMBERS OF THAT HOUSEHOLD.**



**PART F – CERTIFICATION AND SIGNATURE**

I understand the questions on this application and the penalties for hiding or giving false information. My household is in need of immediate food assistance as a result of the disaster. I certify, under penalty of perjury, that the information I have given is correct and complete to the best of my knowledge. I also authorize the release of any information necessary to determine the correctness of my certification. I understand that if I disagree with any action taken on my case, I have the right to request a fair hearing orally or in writing.

APPLICANT or AUTHORIZED REPRESENTATIVE: **(Print Full Name and Sign)**

\_\_\_\_\_ DATE: \_\_\_\_\_

**PART G – PENALTY WARNING**

If your household gets Nutrition Assistance benefits, it must follow the rules listed below. This application is subject to review by Federal and State authorities to make sure you are eligible for disaster aid.

- DO NOT give false information or hide information to get or to continue to get Nutrition Assistance benefits.**
- DO NOT give or sell Nutrition Assistance benefits or authorization documents to anyone not authorized to use them.**
- DO NOT alter any Nutrition Assistance authorization documents to get benefits you are not entitled to.**
- DO NOT use Nutrition Assistance benefits to buy unauthorized items such as alcohol or tobacco.**
- DO NOT use another household's Nutrition Assistance benefits or authorization documents for your household.**