



Commonwealth of the Northern Mariana Islands
 Department of Community and Cultural Affairs
Child Care and Development Fund (CCDF) Program
 Caller Box 10007 Bldg. No. 1347/1344 Ascension Drive
 Capitol Hill, Saipan, MP 96950
 Website: www.childcare.gov.mp



AFFIDAVIT OF SELF-EMPLOYMENT
(MUST BE NOTARIZED)

I, _____, with a mailing address of _____
 _____ and physical address of _____.

Saipan Rota Tinian, CNMI.

This statement is to confirm that I am the business owner of: _____
 Located in the village of _____.

My business operation is open during the following days and my current business hours are from: ***(Please check mark the days and indicate the hours of operation below)***

Monday	<input type="checkbox"/>	_____ to _____	Friday	<input type="checkbox"/>	_____ to _____
Tuesday	<input type="checkbox"/>	_____ to _____	Saturday	<input type="checkbox"/>	_____ to _____
Wednesday	<input type="checkbox"/>	_____ to _____	Sunday	<input type="checkbox"/>	
Thursday	<input type="checkbox"/>	_____ to _____			

I work a minimum of _____ hours per week and I perform the following duties/tasks during the time specified above and declare that I am competent in the duties listed below:

Done on this _____ day of _____, 20____, on (Saipan/Rota/Tinian), Commonwealth of the Northern Mariana Islands.

 Applicant Print Name and Sign

Saipan/Tinian/ Rota)
 Commonwealth of the)
 Northern Mariana Islands)

ACKNOWLEDGMENT

On this _____ day of _____, 20____, before me the undersigned notary, personally appeared _____, personally known to me to be the person whose name (is) signed on this document, and acknowledged to me that she/he signed it voluntarily for its stated purpose.

 (Official signature and seal of Notary)