



Department of Community & Cultural Affairs  
CHILD CARE & DEVELOPMENT FUND



**AFFIDAVIT OF SELF-EMPLOYMENT**

(Must be Notarized)

I, \_\_\_\_\_ with mailing  
address \_\_\_\_\_ and  
physical address \_\_\_\_\_,  
CNMI.

This letter is to confirm that I am the business owner of \_\_\_\_\_  
located in the village of \_\_\_\_\_ (Saipan, Tinian, Rota).

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

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"/>	_____ to _____
Thursday	<input type="checkbox"/>	_____ to _____			_____ 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:

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I hereby declare under penalty of perjury that the information stated by me is true and  
correct to the best of my knowledge. Done this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Applicant Print Name and Sign