



GHURA

Guam Housing and Urban Renewal Authority
Aturidat Ginima' Yan Rinueban Suidat Guahan
117 Bien Venida Avenue, Sinajana, Guam 96910
Phones: (671) 477-9851 · Fax: (671) 300-7565 · TTY: (671) 472-3701



INFORMATION BULLETIN ON PRE-APPLICATION

The Guam Housing and Urban Renewal Authority is accepting pre-applications for housing assistance under the **Public Housing Program**. To assist you in filling out the attached pre-application form, please carefully read the instructions below.

STAMP RECEIPT:
DATE AND TIME

WHO CAN APPLY:

You may apply for housing assistance under the Public Housing program if

- You are a family of two or more persons; OR
- You live alone and are at least 62 years of age or older; OR
- You are 18 or older but are a person with a disability; OR
- You are a single person; AND
- Your family's total gross annual income is not more than the income shown below for your family size. (Please note that income limits are set by HUD.)

No. of Members	Low Income
01	\$33,400
02	\$38,200
03	\$42,950
04	\$47,700

No. of Members	Low Income
05	\$51,550
06	\$55,350
07	\$59,150
08	\$63,000

AMP Office	Phone No.
AMP 1	475-1365
AMP 2	789-9062
AMP 3	565-9854
AMP 4	475-1326

APPLYING FOR THE PROGRAM:

Upon completion and submission of the pre-application form, applicants are required to submit **legible copies** of the documents listed below or the pre-application will be considered incomplete.

- 1) **Official Birth Certificate(s)** for all household members that will be included in the lease.
- 2) **Social Security Card(s)** for all household members.
- 3) **Picture Identification cards** for all household members 18 years of age or older.
- 4) **The Head of Household MUST SIGN THE PRE-APPLICATION.**

WHERE TO SUBMIT THE PRE-APPLICATION FORM: (FAXED APPLICATIONS WILL NOT BE ACCEPTED.)

1. The pre-application form and the required documents listed above must be submitted or mailed to **Guam Housing and Urban Renewal Authority, 117 Bien Venida Avenue, Sinajana, Guam 96910** or dropped off at ANY of the **Property Site Offices** located at **Toto, Agat, and Yona**.
2. Your pre-application form must be complete. Incomplete pre-application forms will be returned and will delay admission to the program. Pre-applications without required documents will also be returned.
3. Your eligibility cannot be determined until a **FORMAL APPLICATION** is completed. **The Pre-Application simply allows your name to be placed on a waiting list.** There is no guarantee that you will receive immediate assistance.

HOW THE PROGRAM WORKS: The Public Housing staff will review your pre-application:

1. To determine eligibility for housing assistance. The applicant will be notified in writing of their eligibility status within **20** working days; and
2. If the applicant is determined eligible to receive housing assistance under the Public Housing program, the applicant's name will be placed on the waiting list. The applicant's rank will be based on date and time and PHA's local preferences on your pre-application.
3. When your name comes up on the Waiting List, **GHURA** will contact you to come in for a formal interview. At that time, we will update your pre-application; **GHURA** will then request and verify all other required documents pertaining to your household, your income, assets, and medical expenses to determine if you are still eligible for the program.
4. After all information has been entered into the system, **you may contact the Interactive Voice Response (IVR) system at 475-1300 to inquiry on your status on the wait list. (You are required to contact this system only once a month.)**

Families on the Waiting List will be selected based on **GHURA's** approved selection policy.



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PUBLIC HOUSING PRE-APPLICATION FOR HOUSING ASSISTANCE

APPLICATION FOR ADMISSION

- // AMP1 – Sinajana, Agana Heights, Mongmong, Asan
- // AMP2 – Yona, Inarajan, Talofoto // AMP2 – Talofoto Elderly
- // AMP3 – Agat, Umatac, Merizo // AMP3 – Agat/Merizo Elderly
- // AMP4 – Toto, Dededo // AMP4 – Dededo Elderly

APPLICATION NUMBER:	STAMP RECEIPT: DATE AND TIME
Date Received:	
Time Received:	
Unit Size:	

Warning Notice: Section 1001 of Title 18 (US Code), states that it is a criminal offense to make willful false statements or misrepresentation on this application. Any applicant proven to have provided false information could result in denial of your Housing assistance.

LOCAL PREFERENCES: Are you or any member of your household:

- Working full-time or unable to work (minimum 30 hours per week) because of age or disability? // YES // NO
- Working part-time or unable to work (minimum 20 hours per week) because of age or disability ? // YES // NO
- Participating in a job-training program or an education program? // YES // NO
 If yes, are you a // part-time student, // full-time student, // or a college graduate?
- Displaced by Domestic Violence (affecting anyone in the household)? // YES // NO
- Displaced by Fire or Natural Disaster? // YES // NO

Please print clearly when completing this form using black or blue ink. Use the correct legal name for each individual who will reside in the unit. Do not leave any sections of the application blank. If a section does not apply to you, write N/A in the space provided.

I. HEAD OF HOUSEHOLD INFORMATION

1. HEAD OF HOUSEHOLD:	SOCIAL SECURITY NUMBER	DATE OF BIRTH / AGE
LAST FIRST MI		
RESIDENTIAL ADDRESS:	DRIVER'S LICENSE NUMBER	U.S. CITIZEN? // YES // NO
MAILING ADDRESS:	HOME PHONE NUMBER	WORK PHONE NUMBER
ALTERNATE CONTACT NAME:	RELATION:	CONTACT NUMBER:
ALTERNATE CONTACT NAME:	RELATION:	CONTACT NUMBER:

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

CHECK ALL THAT APPLIES TO YOU:

// SINGLE // MARRIED // DIVORCED // SEPARATED // WIDOW
 // PERSON WITH DISABILITY // VETERAN
 // EMPLOYED // UNEMPLOYED // RETIRED // SELF-EMPLOYED

DISABILITY STATUS/RIGHT TO REASONABLE ACCOMMODATION: If you are a person with disability, please check all that apply. This information is optional only and is not required. The information you supply will assist us in providing fair and equal access to the program.

// Mobility Impairment // Hearing Impairment // Vision Impairment // Other: _____

For survey purposes, please check all that applies to you:

RACE:

- // White
- // Black or African American
- // Asian
- // Pacific Islander
- // Other: _____

ETHNICITY:

- // Chamorro
- // Filipino
- // Micronesia
- // Other: _____

- // Chinese
- // Japanese
- // Vietnamese
- // American Indian
- // Korean

DO YOU NEED AN INTERPRETER? // YES // NO WHAT TYPE: _____

II. HOUSEHOLD COMPOSITION/FAMILY MEMBERS:

2. Name: Last, First, MI	SEX	RELATIONSHIP	Social Security No.
DATE OF BIRTH	AGE	PLACE OF BIRTH	CITIZENSHIP
3. Name: Last, First, MI	SEX	RELATIONSHIP	Social Security No.
DATE OF BIRTH	AGE	PLACE OF BIRTH	CITIZENSHIP
4. Name: Last, First, MI	SEX	RELATIONSHIP	Social Security No.
DATE OF BIRTH	AGE	PLACE OF BIRTH	CITIZENSHIP
5. Name: Last, First, MI	SEX	RELATIONSHIP	Social Security No.
DATE OF BIRTH	AGE	PLACE OF BIRTH	CITIZENSHIP
6. Name: Last, First, MI	SEX	RELATIONSHIP	Social Security No.
DATE OF BIRTH	AGE	PLACE OF BIRTH	CITIZENSHIP
7. Name: Last, First, MI	SEX	RELATIONSHIP	Social Security No.
DATE OF BIRTH	AGE	PLACE OF BIRTH	CITIZENSHIP
8. Name: Last, First, MI	SEX	RELATIONSHIP	Social Security No.
DATE OF BIRTH	AGE	PLACE OF BIRTH	CITIZENSHIP
9. Name: Last, First, MI	SEX	RELATIONSHIP	Social Security No.
DATE OF BIRTH	AGE	PLACE OF BIRTH	CITIZENSHIP

1. Have you and/or your spouse/co-head ever participated under the Section 8 Housing Choice Voucher, Public Housing, or any Federally assisted housing program? // YES // NO
If YES, which program(s)? _____
2. Do you and/or your spouse/co-head owe money to any of the programs listed above? // YES // NO
If YES, date of termination from program(s): _____
3. Has anyone in your household been arrested or convicted for the use, sale, manufacture, or distribution of controlled substances (drugs)? // YES // NO
4. Does anyone in your household currently use a controlled or illegal drug? // YES // NO
If YES, please explain: _____
5. Has anyone in your household ever been convicted of a felony or arrested for violent criminal activity? // YES // NO
If YES, Who? When? For What? _____

III. EMPLOYMENT STATUS

Is any member of the household employed or expected to be employed within the next six months? / / YES / / NO

Name	Employer	Occupation	Gross Wages per Month	Employer Address/Contact #:
Name	Employer	Occupation	Gross Wages per Month	Employer Address/Contact #:

List all other income such as welfare, food stamps, social security benefits, pensions, disability compensation, alimony, and annuities of all household members.

Name/Family Member	Source/Type of Income	Annual Income (Gross)

IV. ASSETS/BANKING INFORMATION (Real Estate, Stocks, Bonds, Trust, Insurance, Savings Accounts, Check Accounts, Time Certificates of Deposits (TCD), etc., for all household members):

Name/Family Member	Name of Bank and Address	Account # and Current Balance

Do you and/or spouse/co-head own a home or other real estate, such as a building or land, on or off-island?
 / / YES / / NO If YES, what is the appraisal value: \$ _____
 Property Description: _____

V. MEDICAL EXPENSES (Complete only if Head of Household or Spouse is disabled and/or is 62 years of age or older.) List all medical expenses the family anticipates paying during the next 12 months that will NOT be reimbursed by insurance or other outside source. DO NOT include life or burial insurance premiums.

Type of Expense	Amount	Type of Expense	Amount
Medical insurance		Doctor's visits	
Prescription medicine			

VI. APPLICANT CERTIFICATION:

I/We hereby certify that the information provided in this application is true to the best of my/our knowledge. I/We understand the questions o this application and understand that any false statements or information are punishable under the Federal Law Section 1001 of Title 18 (US Code). I/We further understand that any false statements or information are grounds for withdrawal from the Waiting List.

 Signature of Head of Household

 Date

 Signature of Co-Head/Spouse

 Date

FOR GHURA USE ONLY:

Date Notified of pre-eligibility: _____ Reviewed by: _____