



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) 477-7570 · TTY: (671) 472-3701



PRE-APPLICATION INFORMATION AND INSTRUCTION

Received:

Please retain this copy as proof of submission of your pre-application form

The Guam Housing and Urban Renewal Authority is currently accepting pre-application for housing assistance under the Section 8 Housing Choice Voucher Program. To assist you in filling out the attached pre-application form, please read the instructions below.

WHO MAY APPLY: To be eligible for housing assistance under the Section 8 Housing Choice Voucher Program, you must meet all of the following criteria:

1. The applicant must be 18 years of age or older and meet one or more of the U.S. Department of Housing and Urban Development's (HUD) definition of a "family" in accordance with 24 CFR 5.403: "A family includes but is not limited to: (a) A family with or without children; (b) An elderly family (62 years or older); (c) A near-elderly family (at least 50 years old, but below 62); (d) A disabled family (person(s) with disabilities); (e) A displaced family (by government action or natural disaster) (f) The remaining member of a tenant family; or (g) a single person; and
2. The family's annual income must not exceed the -income limit for your household size as described below:

Number of Household Members	Income Limit must not exceed	Number of Household Members	Income Limit must not exceed
1	\$20,900	5	\$32,200
2	\$23,850	6	\$34,600
3	\$26,850	7	\$37,000
4	\$29,800	8	\$39,350

3. All members of the household must be a U.S. Citizen or non-citizen who have eligible immigration status (42 U.S.C. 1426(a)(a)).

DOCUMENTATIONS REQUIRED WITH THE SUBMISSION OF THE PRE-APPLICATION: Upon completion of your pre-application, please attach and submit legible copies of the following documents:

1. **Birth Certificate (s)** for each family member that will be included in the lease.
2. **Social Security cards** for each family members
3. **Picture Identification cards** for all family members 18 years of age or older.

For applications received online, the required documents may be mailed or faxed to GHURA or they may be personally delivered to GHURA. If documents are not received within 10 working days, application will be deemed ineligible.

WHERE TO OBTAIN AND SUBMIT THE PRE-APPLICATION: Pre-application forms may be personally obtained and submitted, air mailed, electronically (email) or facsimile to GHURA at the following address, email address and fax numbers:

GUAM HOUSING AND URBAN RENEWAL AUTHORITY
Section 8 Division
117 Bien Venida Avenue, Sinajana, 96910
Facsimile: (671) 477-7550 or 300-7565
Email: www.ghura.org

Your pre-application must be complete. Failure to submit a completed pre-application form may result in the delay of processing or may lead to the denial of your application for housing assistance.

GHURA'S FAIR HOUSING POLICY: It is GHURA's policy to fully comply with all federal, state, and local non-discrimination laws and mandates. GHURA shall not, based on race, color, sex, religion, creed, national origin, age, family, or marital status, or disability, deny any family or individual the opportunity to apply for, or receive assistance under the Section 8 Housing Choice Voucher Program. GHURA shall fully comply with all federal, state, and local non-discrimination laws in accordance with:

- Title VI of the Civil Rights Act of 1964
- Fair Housing Act, Title II of the Americans with Disabilities Act of 1990;
- Age Discrimination Act of 1975;
- Section 504 of the Rehabilitation Act of 1973
- Executive Order 11063;
- Executive Order 13166;
- Section 109 of Title I of the Housing and Community Development Act of 1974
- Architectural Barriers Act of 1968;
- Executive Order 11246; and
- Violence Against Women Reauthorization Act of 2005 (VAWA)

REQUEST FOR REASONABLE ACCOMMODATION: To ensure applicants with a disability are being afforded equal access to all programs and services offered by GHURA, the applicant may request for reasonable accommodation in writing. A request for accommodation may include submission of application through facsimile, electronic or email or mailing the application through the U.S. postal system; or the applicant may request for an interpreter or a document to be in a specific language. A request for accommodation is considered reasonable if the request does not create "undue financial and administrative burden" for the Public Housing Authority, or that it would result in a "fundamental alteration" in the nature of the program or services being offered. A fundamental alteration is a modification that alters the essential nature of the Section 8 HCV Program or operations. Reasonable accommodation may be requested at any time during participation under the Section 8 Program.

DENIAL OF ASSISTANCE AND THE RIGHT TO AN INFORMAL REVIEW: GHURA will review your application to determine whether or not your family is eligible to receive housing assistance under the Section 8 program. If your application is deemed ineligible and you are denied assistance, you have the right to request for an informal review.

All requests for an informal review must be received in writing. The request must include the basis of why you believe GHURA should reconsider its decision of denial. You may also attach supporting documents which you believe may help your position. GHURA will assign an independent hearing officer to conduct the review and results of the review will be provided within 10 business days from date of the request.

PROGRAM INFORMATION

How the program works:

1. The process starts when an applicant submits a pre-application form for housing assistance;
2. The pre-application is reviewed to determine eligibility for housing assistance. The applicant will be notified in writing of their pre-eligibility status within twenty (20) working days;
3. If the applicant is determined eligible to receive housing assistance under the Section 8 Housing Choice Voucher Program, and a voucher is not available for issue, the applicant's name will be placed on a waiting list. The applicant's name will be arranged based in the order of time and date of when application was received; and
4. When a voucher becomes available and the applicant's name reaches the top of the waiting list, GHURA will select the family from the wait list and make contact with the applicant to schedule an interview and attendance of the housing assistance orientation briefing. At this point of the process, a Section 8 staff will also verify and update any required documentation pertaining to the applicant's household information.
5. The family will be required to attend the voucher briefing and orientation. The briefing will provide detail information about the Section 8 Program and the tenant's role and responsibility as participants under the program. The housing assistance voucher will also be issued during the briefing and families will be advised how to find a suitable unit in the private market.
6. When the family finds a suitable unit to rent in the private market, the family must have the landlord complete and submit the required documents necessary to process the proposed unit for rent and for a housing quality standards inspections. Additionally, GHURA will review the proposed rent rate to determine if it is reasonable. If the rent is not reasonable, the landlord may be asked to negotiate a lower amount. If the landlord refuses, then the family will be advised to seek another unit to rent. If the unit is reasonable, then the unit will be inspected for housing quality standards.
7. When the unit passes the HQS inspection, the applicant, the landlord and GHURA will execute the lease agreement and the HAP contract simultaneously. If the unit fails housing quality inspections, the landlord will be given 30 calendar days to correct the deficiencies and the unit will be re-inspected again. If the unit fails, the family will be advised to seek another unit and the process getting the unit inspected will start over.
8. After the lease agreement and HAP contract are signed, a copy of the agreement will be provided to the participant and a copy of the HAP contract will be provided to the landlord. The family will also be advised about their obligation while under the program and the requirement for renewal of their assistance upon their admission anniversary date.

About the voucher: When you have been selected for participation under the Section 8 program, GHURA will issue a voucher. The issuance of a voucher does not expressly mean that you have been approved for participation. Issuance of a voucher simply means you have been authorized to begin your search for a suitable housing for rent in the private market. The home you choose can be a house, apartment, condominium, duplex or townhouse, just as long as it passes the Housing Quality (HQS) inspection. In fact, if you are currently living in a home that meets your family's needs, you may elect to stay where you are as long as it is not rented from an immediate family member and it passes HQS.

You will be provided up to sixty (60) days to find a home. However, if you need additional time to find a rental unit, you may request for an extension in writing before the expiration date of the voucher. When searching for unit, please keep in mind that you would have to factor in extra time to schedule the inspection and additional time in the event the unit does not pass the HQS inspection and for the possibility to search for another unit. GHURA will approve incremental extensions as needed, but not beyond 120 days. An exception to this rule will be given to persons with disabilities for reasonable accommodation.

Your family's income and family composition must be re-verified before admission. If the information you provided is over 60 days old, GHURA must request for the information to be updated.

Family Obligation to Furnish Requested Information: The applicant family is required to comply with all program requirements, including furnishing GHURA with documents and information in a timely manner that is necessary to complete the processing of the family's assistance. If the family fails to comply with program requirements, housing assistance may be denied.



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EQUAL HOUSING
OPPORTUNITY

SECTION 8 HOUSING CHOICE VOUCHER PROGRAM

PRE-APPLICATION

Date and time
received:

Hafa adai! Thank-you for your interest in applying Section 8 Housing Choice Program. To begin processing your application, you must complete this form. Please print clearly and use a black or blue ink pen. Please do not leave any lines blank. If a section does not apply, please mark "N/A".

I. HEAD OF HOUSEHOLD INFORMATION

Name (Last, First, MI):					
Residential Address:			Mailing Address:		
Date of Birth:	Place of Birth:	Ethnicity:	Citizenship:	Sex:	Age:
Home telephone number:			Work telephone number:		
Emergency contact name:			Relation:	Telephone:	
Emergency contact name:			Relation:	Telephone:	
Employer Name and Address		Occupation	Pay Frequency	Total hours per week	Gross Wage
			Weekly: ____ Twice monthly: ____ Bi-weekly: ____ Monthly: ____		
Other Income Source		Type of Income		Frequency Received	Gross Amount
Other Income Source		Type of Income		Frequency Received	Gross Amount

II. SPOUSE CO-HEAD INFORMATION

Name (Last, First, MI):					
Residential Address:			Mailing Address:		
Date of Birth:	Place of Birth:	Ethnicity:	Citizenship:	Sex:	Age:
Home telephone number:			Work telephone number:		
Emergency contact name:			Relation:	Telephone:	
Emergency contact name:			Relation:	Telephone:	
Employer Name and Address		Occupation	Pay Frequency	Total hours per week	Gross Wage
			Weekly: ____ Twice monthly: ____ Bi-weekly: ____ Monthly: ____		
Other Income Source		Type of Income		Frequency Received	Gross Amount

III. DEPENDENT INFORMATION

Name (last, First, MI)	Relationship to Head of Household	Social Security Number	Sex	Age	Date of Birth	Place of Birth	Citizenship	Disability
1.								
2.								
3.								
4.								
5.								
6.								
7.								

*Additional members may be listed on a separate sheet

IV. REQUEST FOR REASONABLE ACCOMMODATION

Are you or any member of your family a person with a disability? Yes _____ No _____

Would you or your family member require reasonable accommodation? Yes _____ No _____

Please indicate the type of accommodation needed: _____

Please indicate the type of impediment(s) (i.e. unable to walk, can't climb stairs, hearing impaired, etc.): _____

V. OTHER INCOME SOURCES INCLUDING THOSE OF FAMILY MEMBERS

Name of family member	Source and type of Income	Gross Annual Income

VI. ASSETS/BANKING INFORMATION: (Checking account, savings account, real estate, stocks, bonds, trust, insurance, time certificate of deposit (TCD), etc., for all household members.

Name of family member	Name and address of Banking Institution	Account number and current balance

Do you or any members of your household own a home other real estate property (land, building, etc.) on or off-island?
 _____ Yes _____ No

If the answer is "Yes", what is the appraised value? _____

Property description and address: _____

VII. MEDICAL EXPENSES: (complete only if the Head of Household or spouse is disabled and is 62 years of age or older. List all anticipated medical expenses the family will be paying within the next 12 months that will not be paid or reimbursed by insurance or other source.)

Type of Medical Expense	Amount

VIII. CHILDCARE EXPENSE:

Do you pay for childcare expenses for children age 12 years or younger while you work or attend school? Yes No

If the answer is "yes", how much do you pay for childcare: _____

Name, Address and telephone number of childcare provider: _____

IX. PERSONAL HISTORY

a. Have you or any members of your household ever participated under the Section 8 Housing Assistance Program, Moderate Rehabilitation Program, Public Housing, or any federally assisted housing program? Yes No

If the answer is "yes", what is the name of the program: _____

b. Do you or any members of your household owe money to the program listed above? Yes No Date you terminated from the program: _____

c. Have you or any members of your household been convicted of any drug-related or violent criminal activity within the last three years? Yes No

d. Have you or any member of your household subjected to a lifetime sex offender registration requirement in any state or territories?

X. PREVIOUS ADDRESS:

Previous Physical Address #1: _____

How long have you lived at this address: _____

Previous Physical Address #2: _____

How long have you lived at this address: _____

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 that submission of false information or misrepresentation may result in loss of eligibility to participate in the housing choice voucher program.

Signature of Head of Household

Date

Signature of Spouse or Co-Head of Household

Date