



**GUAM HOUSING & URBAN RENEWAL AUTHORITY
HOME OWNER REHABILITATION
PRELIMINARY APPLICATION**



This Section is for Official Use Only

Program Priority 1

Program Priority 2

Program Priority 3

Date Received: _____

Received By: _____

APPLICANT AND CO-APPLICANT INFORMATION:

APPLICANT

CO-APPLICANT

Full Name: _____
 SS#: _____ Date of Birth: _____
 Mailing Address: _____

 Phone (Home) #: _____ Work#: _____
 Employer: _____
 Position: _____
 Years of Employment: _____ Months: _____
 Gross Annual Salary: \$ _____

Full Name: _____
 SS#: _____ Date of Birth: _____
 Mailing Address: _____

 Phone (Home) #: _____ Work#: _____
 Employer: _____
 Position: _____
 Years of Employment: _____ Months: _____
 Gross Annual Salary: \$ _____

Information on Persons in Household:

Property Information:

Number of Persons Living in Household (exclude Applicants): _____
 List Ages: _____
 List Number of Persons in Household 18 or older that are Employed: _____
 Provide the combined Gross Annual Income of Household Member that are employed: \$ _____
 For Applicant & Co-Applicant:
 List any other Goss Annual income being received other than the income listed above and their sources: Other Income: \$ _____
 Source(s): _____

Address of Property: _____
 Is the Property your are occupying your Primary Residence? _____
 Is the Property your are occupying a: _____ Housing Related Expenses:
 Single Family Home: _____ Mortgage Payments: \$ _____
 2- to 4-Unit Property: _____ Annual Property Taxes: \$ _____
 Condominium: _____ Annual Property Insurance: _____
 Other: _____ \$ _____
 If other describe: _____
 Is there an existing mortgage on your property? Yes ___ No ___
 If yes, to whom is your property mortgaged with? _____

Should more space be needed for the information below, please attach on a separate sheet of paper.

(COMBINED ASSETS & LIABILITIES)

<u>ASSETS:</u>	CASH OR MARKET VALUE	<u>LIABILITIES:</u>	MONTHLY PMTS:	BALANCES:
Cash on Hand:	\$ _____	_____	\$ _____	\$ _____
List Checking or Savings In Bank(s)	_____	_____	\$ _____	\$ _____
_____	\$ _____	_____	\$ _____	\$ _____
_____	\$ _____	_____	\$ _____	\$ _____
Stocks & Bonds: _____	\$ _____	_____	\$ _____	\$ _____
Life Insurance: _____	\$ _____	_____	\$ _____	\$ _____
Real Estate Owner - Enter Market Value:	\$ _____	_____	\$ _____	\$ _____
Net Worth of Business Owner:	\$ _____	_____	\$ _____	\$ _____
Other Asssets:	\$ _____	_____	\$ _____	\$ _____
TOTAL ASSETS:	\$ _____	TOTAL LIABILITIES:	\$ _____	\$ _____

I/WE THE UNDERSIGNED CERTIFY THAT THE STATEMENTS ON THIS PREAPPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE. I/WE FULLY UNDERSTAND THAT ANY WILLFUL MISSTATEMENT OF ANY MATERIAL FACT MAY BE GROUNDS FOR DISQUALIFICATION.

APPLICANT: _____
 Signature

CO-APPLICANT: _____
 Signature

Date: _____

Date: _____