



GHURA

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



Family Self-Sufficiency Program (FSS) Application

- I am a current participant under the Section 8 Housing Choice Voucher Program.
- I am a current participant under the Public Housing Program. AMP: _____

By completing this form, I am expressing interest in participating in the Family Self-Sufficiency Program. I understand by completing this Application, my name may be placed on the FSS waitlist if a vacant slot is not available. Applicants must be deemed eligible under the definition specified in accordance to 24 CFR 984.203. No one shall be denied participation based on race, color, religion, sex, disability, familial status, or national origin. The FSS program is open to all eligible individuals and families regardless of sexual orientation, gender Identity, or marital status.

Personal Information:

Name: _____ Primary Contact Numbers: _____
(Head of Household)

Mailing Address _____

E-mail Address: _____

Please mark any federal assistance that you are receiving:

- () TANF (Welfare) () SNAP (Food stamps) () WIC () Block Grant
- () MIP/ Medicaid () JOBS () None of the above () Other: _____

Are you currently employed? ___ Yes ___ No Name of Employer: _____

Are any members of your household employed? ___ Yes ___ No

Name of family member(s) employed:

Date: _____

Families will be notified in writing via postage mail or email regarding the status of their selection. Applicants requiring reasonable accommodations must submit their request for special accommodation in writing at least three business days prior to the event or activity of which accommodation is required.