

# **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 currently accepting pre-applications for the **Guam Elderly Housing Program (Guma Trankilidat).** 

### WHO CAN APPLY:

You may apply for the program if your family's gross annual income is not more than the income shown below for your family size.

No. of	30% of Median	Very-Low	Low
Members	Income	Income	Income
01	\$12,600	\$21,000	\$33,600
02	\$14,400	\$24,000	\$38,400

### **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) Birth Certificate(s)
- 2) Social Security Card(s) for each family member listed on the pre-application
- 3) Picture ID for Head of Household and Spouse/Co-head

The pre-application form and the required documents listed above are to be submitted at either of the following locations:

- GHURA Main Office across the Saint Jude Catholic Church in Sinaiana
- 2) GHURA Guam Elderly Housing Program (Guma Trankilidat) Office in Tumon

Incomplete pre-applications will result in the delay of processing the determination of eligibility.

After review of your pre-application, you will receive a notification within **20** working days informing you of your preliminary eligibility status.

#### **HOW THE PROGRAM WORKS:**

When your name comes up on the Waiting List, **GHURA** will contact you to come in for an 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 your are still eligible for the program.

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

If you are interested in applying for the Guam Elderly Housing Program (Guma Trankilidat), complete the attached pre-application form and submit in person.



# **GHURA**

### Guam Housing and Urban Renewal Authority Aturidat Ginima' Yan Rinueban Suidat Guahan 117 Bien Venida Avenue, Sinajana, Guam 96910

**APPLICATION** 



**STAMP RECEIPT:** 

117 Bien Venida Avenue, Sinajana, Guam 96910 Phones: (671) 477-9851 · Fax: (671) 300-7565 · TTY: (671) 472-3701

	NUMBER.	DATE AND TIME
SECTION 8 PRE-APPLICATION FOR HOUSING ASSISTANCE		
ELDERLY HOUSING PROGRAM (GUMA TRANKILIDAT)		
APPLICATION FOR ADMISSION		
Warning Notice: Section 1001 of Title 18 (US Code), states that it is a crimin make willful false statements or misrepresentation on this application. Any application have provided false information could result in denial of your Housing assistant.		

<u>Please print clearly when completing this form using black or blue ink.</u> 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

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 A	PPLIES TO YOU:						
//SINGLE	//MARRIED	/ / DIVORCED		//SEPAR	ATED	//WII	DOW
//DISABLED	/ / HANDICAPPED			//VETER	AN		
//EMPLOYED	//UNEMPLOYED	//RETIRED		//SELF-E	MPLOYED		
For survey purposes,	, please check all that ap	plies to you:					
RACE:		ETHN	ICITY:				
/ / White		/ / Cha	amorro	11	Chinese	11	American Indian
/ / Black or African A	merican	/ / Fili	pino	/ / Japanese / / Korea			Korean
/ / Asian		/ / Mic	ronesiar	n //	Vietnamese		
/ / Pacific Islander		/ / Oth	ner:				
/ / Other:	· · · · · · · · · · · · · · · · · · ·						
DO YOU NEED AN IN	TERPRETER? //YE	S //NO		WHAT TYI	PE:		
II. HOUSEHO	LD COMPOSITION						
II. HOUSEHO	LD COMPOSITION						
ADULTS: (HEAD, SPO	OUSE, CO-HEAD)		1				
ADULTS Name: Last, First, MI		SEX	RELA	TIONSHIP	Social Sec	urity No	umber
, ,							
DATE OF BIRTH		·	AGE	DI AC	E OF BIRTH		CITIZENSHIP
DATE OF BIRTH			AGE	PLAC	E OF BIKTH		CITIZENSHIP
Have you and/or your spouse/co-head ever participated under the Section 8 Housing Assistance Program, Public Housing, or any Federally assisted housing program? //YES //NO If YES, which program(s)?							
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):							
Do you and/or your spouse/co-head engaged in any drug-related criminal or violent criminal activity within the last three (3) years? / /YES / /NO							

### III. EMPLOYMENT STATUS

Is any member of the ho	ousehold employed o	r expected to be employed v	within the next six mon	nths? //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 alimony, and annuities			curity benefits, pens	sions, disability compensation,	
Name/Far	nily Member	Source/	Source/Type of Income		
IV. ASSETS/BA Check Accoun	NKING INFORM	IATION (Real Estate, St s of Deposits (TCD), etc., f	tocks, Bonds, Trust, for all household me	, Insurance, Savings Accounts, mbers):	
Name/Fan	nily Member	Name of B	ank and Address	Account # and Current Balance	
•		ne or other real estate, such	_		
Property Descriptio	n:				

٧.	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	n this application is true to the best of my/our knowledge.			
I/We understand the questions o this application and	d 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 with	drawal from the Waiting List.			
Signature of Head of Household	Date			
Signature of Co-Head/Spouse				
FOR GHURA USE ONLY:				
Date Notified of pre-eligibility:	Reviewed by:			