



GHURA

Guam Housing and Urban Renewal Authority
Aturidat Ginima' Yan Rinueban Siudad Guahan
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Family Self-Sufficiency (FSS) Program Participant Application Form

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

Head of Household : _____

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, 18 years of age and older, regardless of sexual orientation, gender identity, or marital status.

Personal Information for FSS Designated Head of Household (Please Print Legibly):

Name: _____ Primary Contact Number: _____
(Designated FSS Head Household)

e-mail Address: _____ Alternate Contact Number: _____

Mailing
Address: _____

Please check-mark all forms of federal assistance which the family is receiving:

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

Have you or any household member, previously participated in the FSS Program? ___ Yes ___ No
If YES, what was the date of participation: _____

Are you currently employed? ___ Yes ___ No **If yes**, Name of Employer: _____
If employed, how long have you worked at your job?: _____ Job Title: _____

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

Name(s) of additional adult family member(s) who are currently employed:

Signature: _____
(Designated FSS Head of Household)

Date: _____

Families will be notified in writing, via US Postal Service, or via e-mail, 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. Please contact Section 504 Coordinator Katherine E. Taitano at 671-475-1322 or via email at katherine@ghura.org.