



GHURA

Guam Housing and Urban Renewal Authority
Aturidat Ginima' Yan Rinueban Siudad Guahan
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HOUSING COUNSELING APPLICATION FORM

1. **HEAD OF HOUSEHOLD NAME:** _____

HEAD OF HOUSEHOLD DATE OF BIRTH: _____

CO-APPLICANT: _____

CO-APPLICANT DATE OF BIRTH: _____

TOTAL NUMBER OF PEOPLE IN HOUSHOLD (INCLUDING HEAD OF HOUSEHOLD AND CO-APPLICANT:

NUMBER OF CHILDREN IN HOUSEHOLD: _____

DOES ANYONE IN THE HOUSEHOLD HAVE LIMITED ENGLISH PROFICIENCY? (CHECK ONE): YES NO

IF YOU CHECKED YES, WHAT LANGUAGE ARE THEY MOST COMFORTABLE WITH? _____

2. **MAILING ADDRESS:** _____

3. **PHONE NUMBER:** _____

4. **EMAIL:** _____

5. **ETHNICITY OF HOUSEHOLD:** HISPANIC NON-HISPANIC CHOSE NOT TO RESPOND

6. **RACE OF HOUSEHOLD:**

NATIVE HAWAIIAN/PACIFIC ISLANDER ASIAN BLACK/AFRICAN AMERICAN
 WHITE AMERICAN INDIAN/ALASKA NATIVE CHOSE NOT TO RESPOND

IF MULTI-RACIAL:

AMERICAN INDIAN OR ALASKA NATIVE **AND** WHITE
 ASIAN **AND** WHITE BLACK OR AFRICAN AMERICAN **AND** WHITE
 AMERICAN INDIAN OR ALASKA NATIVE **AND** BLACK OR AFRICAN AMERICAN
 OTHER MULTIPLE RACE CHOSE NOT TO RESPOND



7. HOUSEHOLD TYPE:

- SINGLE ADULT SINGLE ADULT WITH DEPENDENTS MARRIED
 ROOMMATES / UNRELATED ADULTS COHABITATING
 LIVING WITH NON-SPOUSAL FAMILY MEMBERS
 OTHER: (SPECIFY) _____

8. TOTAL HOUSEHOLD GROSS INCOME: _____

9. HEAD OF HOUSEHOLD EDUCATION LEVEL: _____

CO-APPLICANT EDUCATION LEVEL: _____

10. IS THE APPLICANT OR CO-APPLICANT CURRENTLY IN THE MILITARY? (CHECK ONE): YES NO

IF YOU ANSWERED YES, IS THE INDIVIDUAL ACTIVE DUTY OR IN THE RESERVE COMPONENT (THIS INCLUDES THE NATIONAL GUARD)? (CHECK ONE): ACTIVE DUTY RESERVE COMPONENT OTHER

IS THE APPLICANT OR CO-APPLICANT A MILITARY VETERAN (CHECK ONE)? YES NO

11. MY HOUSING GOAL IS TO ... (check all that apply):

- Buy a home (pre-purchase counseling) Prevent foreclosure Obtain rental housing
 Prevent eviction from rental housing Transition from homelessness
 Discuss a fair housing rights violation Get credit and budget counseling
 Other (please briefly describe) _____

12. WERE YOU REFERRED BY A LENDER OR SOME OTHER ORGANIZATION? Yes No

IF YOU ANSWERED YES, WHICH LENDER OR ORGANIZATION REFERRED YOU? _____

By signing below, you acknowledge the following:

This document is an application for the housing counseling program. I will not officially become a housing counseling client until I am scheduled for the first meeting with a housing counselor.

If I am accepted as a client, I understand that the GHURA housing counseling program cannot guarantee any outcome. The housing counseling program is designed to offer non-legal advice and connect me with services that may be able to assist me. The housing counseling program cannot guarantee that I will qualify for those services, nor can it guarantee any outcome resulting from the use of those services.

I have read and understand the housing counseling privacy policy, a copy of which has been provided to me by housing counseling or intake staff for my own files, or which I have downloaded myself from the GHURA website.

Applicant signature: _____

Date: _____

Co-applicant Signature: _____

Date: _____