



# GHURA

Guam Housing and Urban Renewal Authority  
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## UNIT FOR RENT

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

TEL. NO.(S) HOME: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

UNIT LOCATION: \_\_\_\_\_

RENT PER MONTH: \$\_\_\_\_\_ No. of Bdrm(s): \_\_\_\_\_ No. of Bthrm: \_\_\_\_\_

If you own one or more dwelling units, bedroom size, please indicate the number of vacant units: \_\_\_\_\_

☐

UNFURNISHED

☐

FULLY FURNISHED (Range, Refrigerator, Water Heater)

☐

WITHOUT UTILITIES

☐

WITH UTILITIES (Electricity, Water, Sewer)

## TYPE OF UNIT

☐

SINGLE HOUSE

☐

DUPLEX

☐

MOBILE HOME

☐

APARTMENT

☐

HIGH RISE APARTMENT

☐

OTHER

Is the unit ADA (Americans with Disabilities Act) Accessible? ☐ YES ☐ NO

UNIT AVAILABLE ON: \_\_\_\_\_

SEE MAP ON BACK





PLEASE DRAW / INCLUDE A MAP TO YOUR UNIT LOCATION

