

**GUAM HOUSING CORPORATION  
FIRST TIME HOMEOWNER ASSISTANCE PROGRAM  
VERIFICATION OF RESIDENCY**

To: **Department of Revenue and Taxation**

*As a requirement to participate in the First Time Homeowner Assistance Program enacted by Public Law 31-166, each applicant is required to show proof of residency in the Territory of Guam for at least five (5) years prior to the date of application for the program. Contained is an authorization from the applicant (s) for the Department of Revenue and Taxation to disclose if such applicant (s) has filed income tax returns for such period.*

Applicant: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Applicant: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

*I/We the undersigned do hereby give full authorization to the Department of Revenue and Taxation to disclose to Guam Housing Corporation that I/We have filed income tax returns in the Territory for the following periods:*

2014 _____	Yes _____	No _____
2013 _____	Yes _____	No _____
2012 _____	Yes _____	No _____
2011 _____	Yes _____	No _____
2010 _____	Yes _____	No _____

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The above information is hereby certified true and correct by the Department of Revenue and Taxation.*

\_\_\_\_\_  
Signature of Authorized Representative  
(Department of Revenue and Taxation)

\_\_\_\_\_  
Date