



RENTAL APPLICATION CHECKLIST

**Additional documents may be requested and/or required for each individual applicant.

**Guam Housing Corporation has a "No Pet(s)" policy subject to exception of medical disability.

**GHC reserves its right to amend and/or modify the Checklist.

****Head of household is defined as authorized party to sign lease agreement and applicable rental documents.**

NAME: _____

Applicant(s) must provide the following documents:

- Photo ID's for all adult household members;
- Birth certificate(s) for all household members;
- Verification of Employment for all household members who are employed, fulltime and/or part-time;
- Three (3) months most recent pay stubs for head of household and all adult household members who are employed and who will be executing rental lease agreement with GHC;
- Most recent bank statements, checking and/or savings, for head of household and all adult household members who are employed and who will be executing rental lease agreement with GHC;
- Most recent loan and/or credit card statements, if any, for head of household and all adult household members who are employed and who will be executing rental lease agreement with GHC;
- Most recent retirement and/or social security benefit statement, if any, for head of household and all adult household members who are employed and who will be executing rental lease agreement with GHC;
- Financial statements for the preceding two (2) years for business(es) owned, if any, for head of household and all adult household members who are employed and who will be executing rental lease agreement with GHC;
- Certification of disability from a medical doctor;
- Public assistance certification and/or voucher documents;
- Most recent utility and/or solid waste bills (Guam Power Authority, Guam Waterworks Authority and Department of Public Works). If the head of household does not have an account with the aforementioned agencies, you will be provided a Clearance Form for the agencies to sign certifying that you are in good standing; and
- Other: _____

FOR OFFICIAL USE ONLY

Control No.: _____

Household Size: _____

Program: _____

Location: _____