

P.O. Box 3457, Hagåtña, Guam 96932

COVID-19 Mortgage Relief Assistance Program

CHECKLIST

- 1. COVID-19 Mortgage Relief Application
- 2. Employer letter of furlough/reduced work hours due to COVID-19
- 3. Verification of Income/Employment
- 4. Verification of Unemployment Benefits (if applicable)
- 5. Latest 2 Check Stub
- 6. Current utility bill indicating name and address of the property
- 7. Latest savings and checking account statements
- 8. Latest year of tax filed documents (Form 040, 1040a, etc.)
- 9. Self-Employed, last 2 years tax filings (if applicable)
- 10. Verification of Mortgage (mortgage payment booklet or letter from bank)
- 11. Valid Photo Identification (Guam ID or driver's license, passport or any state issue)

*Emergency relief assistance is to help with delinquent mortgage loan payments. Delinquent accounts must be during the COVID-19 period. The program is not for advance payment.

The COVID-19 Mortgage Relief Assistance Program application WILL NOT be processed until all documents are submitted to Guam Housing Corporation.

Acknowledged by: _	Applicant Name / Signature	Date:
Acknowledged by: _	Applicant Name / Signature	Date:

Please submit your complete application via email: mortgagerelief@ghc.guam.gov or in the DROP BOX (must be in a sealed envelope) located outside of GHC's office from 8:00am – 4:00pm, Monday thru Friday

590 S. Marine Corps Drive, Ste. 514 ITC Building, Tamuning, Guam 96931 Telephone Number (671) 647-4143/46 • Fax Number (671) 649-4144



COVID-19 Mortgage Relief Assistance Program Application

Mortgage Relief	
Application Number:	

MORTGAGE INFORMATION									
Financial Institution Name a	nd Address	Mortgage Loan Number	Nortgage Loan Number Date of Last Mortgage F			ıt			
Monthly Payment	Principal Bala	ince	Amoun	nt Past Due		Т	No. o	f Months Past Due	
\$	\$		\$	use was			, 40. U		
PROPERTY INFORMATION									
Subject Property Address (str	eet, city, state & 2				Primary Res	idence			
					YES / NO				
Legal Description of Subject 6	Property (attach	fescription if necessary)							
		APPLICANT IN	IF∩₽\^	ATION			7 . 5		
APPLICANT NAME				LICANT NAME		-/			
Social Security Number DC	OB (MM/DD/YYYY)	Phone Number	Social Se	curity Number	DOB (MM/D	D/YYYY))	Phone Number	
						·			
Email Address	Marital St	atus	Email Ac	ldress		Marita	al Stat	tus	
		La constant		10a 100					
Present Address (street, city, s	tate, zip)		Present	Address (street, city,	state, zip)		11000		
Mailing Address, if different i	from Present Ad	dress	Mailing	Address, if different	from Presen	t Addre	255		
A 185 (9)									
		EMPLOYMENT							
Name & Address of Employe	r □Sel	f Employed	Name &	Address of Employ	er 🔲 S	Self Em	ploye	ed	
Pasition/Title/Type of Business	Position/	Title/Type of Business		Bus	iness	Phone			
. ,,		Business Phone							
Income	() Paid Wee	kly () Bi-weekly	Income		() Paid We	eklv / 1	y () Bi-weekly		
\$	1 ' '	othly () Monthly	\$, , ,		thly () Monthly		
6.9		NON-WAGE INCO	ME (p	er month)			NA.		
Unemployment Assistance \$				oyment Assistance :	\$				
If applicable, date received a				able, date received	-	n?			
Veteran: YES / NO	Disabled: YE	S/NO	Veteran: YES / NO Disabled: YES / NO						
Medicare: YES / NO	Medicaid: YE	S / NO	Medicar	Medicare: YES / NO Medicaid: YES / NO					
Social Security	Food Stamps		Social Se	ecurity	Food Stamp	os			
\$ Child Support	\$ Alimony		\$ Child Su	pport	\$ Alimony				
\$	\$		\$						
Interest/Dividends	State Public	Assistance		/Dividends	State Public Assistance				
\$	\$	Acc	\$ ETC	THE RESERVE	\$	C THE			
List checking and savings acc	ounts below	ASS	1	cking and savings ac	counts below	,			
Assets Description		Cash or Market Value		cking and savings ac Description	COUNTS DEIUN		Cash	or Market Value	
Name and address of Bank o				nd address of Bank	or Credit Uni			· · · · · · · · · · · · · · · · · · ·	
Account No.		\$	Account	No.		-	\$		
Name and address of Bank o	r Credit Union	4	Name and address of Bank or Credit Union						
Annum Alle			Ances	A1-			<u> </u>		
Account No. Name and address of Bank o	\$	Account No. Name and address of Bank (or Credit Union					
		warne and address of Bank or		o, creak Offi	J11				
Account No.	\$	Account No.				\$			
Life Insurance net cash value Face amount: \$		\$	Life Insurance net cash value Face amount: \$			>			
Vested interest in retirement fund		\$		nterest in retireme	nt fund		\$		
Bool ostata accessida	e	Real estate owned (enter market value from				ė			
Real estate owned (enter mar schedule of real estate owned)	\$		ate owned (enter ma of real estate owned)		m	\$			
Other Assets		\$	Other A				\$		
	T-4-1-4	<u></u>			T-1 1-				
	Total Assets	\$			Total As	ssets	\$		
			710-2			SHA			
			8,631			W-11	Wall.		

	1	1	
Income/Wages \$	Source		
() Paid Weekly () Bi-weekly () Semi-Monthly () Mo	Other Income		
Unemployment Assistance \$	\$		
If applicable, date received and how often? Other Adult Name		l Arri	Contact Consider Missonham
Other Adult Name	DOB (MM/DD/YYYY)	Age:	Social Security Number:
Income/Wages \$	Source		
() Paid Weekly () Bi-weekly () Semi-Monthly () Mo	onthly		
Unemployment Assistance \$	Other Income		
If applicable, date received and how often?	\$		
	LIST OF DEPENDENTS		
Name of Dependent:	DOB (MM/DD/YYYY)	Age:	Fulltime Student: YES / NO
			Employed: YES / NO
Name of Dependent:	DOB (MM/DD/YYYY)	Age:	Fulltime Student: YES / NO
			Employed: YES / NO
Name of Dependent:	DOB (MM/DD/YYYY)	Age:	Fulltime Student: YES / NO
			Employed: YES / NO
Name of Dependent:	DOB (MM/DD/YYYY)	Age:	Fulltime Student: YES / NO
			Employed: YES / NO
in the Mortgage Relief Assistance Program as a Renewal Authority (GHURA). 2. That all statements made in this application 3. That I/We do hereby give full authorization Authority (GHURA) to verify any or all the info	n are true and are made for the purpoon to Guam Housing Corporation (GHoormation herein.	se of obtaining	a grant under the program. Housing and Urban Renewal
Applicant's Signature Date	ac so so trace to		Date
I do hereby certify under the penalty of particles as any additional information and/or document and acknowledge that making false states	cumentation provided in support of	of it, is true a	

ADDITIONAL HOUSEHOLD MEMBER INFORMATION

DOB (MM/DD/YYYY)

Social Security Number:

By submitting these documents, I am responsible for the contents and understand that the information contained in such documents are intentional and accurate representations.

(INITIAL HERE)

Other Adult Name

WARNING Title 18, Section 1001 of the United States Code states that a person is GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS to any department or agency of the United States.

MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER GUAM LAWS.

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ay ra	$\mathbf{annie}\mathbf{M}$	ae	Re	equest fo	r Ve	erificatio	n of Emp	loyment
except as require	ed and permitted by law. You form is authorized by Title 38	do not have to provide this	information,	but if you do not your a	pplication for	approval as a prospectiv	e mortgagor or borrower ma	 It will not be disclosed outside the ag ny be delayed or rejected. The information the 42 USC, 1471 et. seq., or 7 USC, 19
Instructions:	Lender - Complete items 1 Employer - Please complete The form is to be transmit	cither Part II or Part III a	s applicable	Complete Part IV and re	turn directly	to lender named in item :	2	
Part I - Requ	uest				71, m. 1			
1. To (Name	and address of emplo	yer)			2, From	n (Name and addre	ess of lender)	
					Guam	Housing Corp	oration	
						Box 3457 :na, Guam 969	32	
	s verification has been sen	t directly to the employ			e hands of t	the applicant or any o	ther interested party.	
3. Signature	of Lender		1	. Title			5. Date	6. Lender's No. (Option
have applied fo	or a mortgage loan and sta	ted that I am now or w	as formerly	employed by you. M	y signature i	below authorizes veri	ication of this informatio	n.
						X		
Part II - Ver	rification of Present	Employment				1000		
	s Date of Employment		10. Pres	ent Position			11. Probability of	Continued Employment
12A. Current	Gross Base Pay (Ente	r Amount and Ched	k Period)	E .		13. For Military Po	ersonnel Only	14. If Overtime or Bonus is Applie
	Г	Annual	Weekly	Weekly Other (Spec		Pay Grade		Is Its Continuance Likely? Overtime Bonu
\$	ř	Monthly	Hourly		· · · ·	Туре	Monthly Amount	Yes No Yes
		12B. Gross Earning	5			Base Pay	15. If paid hourly - average hours week	
Туре	Year To Date	Past Year _	-	Past Year _		Rations	\$	16. Date of applicant's next pay
	Thru	-			-	Flight or Hazard	5	increase
Base Pay	s	s		s	1	Clothing	S	17 Projected amount of next pa
	s	s		S		Quarters	s	increase
Overtime		s		s		Рго Рау	s	18. Date of applicant's last pay increase
Overtime Commissions	S	1.2						
	\$	s		S		Overseas or Combat	s	

23. Salary/Wage at Termination Per (Year) (Month) (Week)

25. Position Held

Overtime

Part IV - Authorized Signature - Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the USDA, FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

26. Signature of Employer

27. Title (Please print or type)

28. Date

30. Phone No.

Base

Request for Verification of Employment

29. Print or type name signed in Item 26

Part III - Verification of Previous Employment

21. Date Hired 22. Date Terminated

24. Reason for Leaving

VMP ® Wolters Kluwer Financial Services

REQUEST FOR VERIFICATION OF RENT OR MORTGAGE

We have received an application for a loan from the applicant listed below, to whom we understand you rent or have extended a loan.

INSTRUCTIONS: LENDER - Complete Items 1 thru 8. Have applicant(s) complete item 9. Forward directly to lender named in item 1.

LANDLORD/CREDITOR - Please complete Part II as applicable. Sign and return directly to the lender named in item 2.

	J=1	PART I RE	QUES	T		1	
1. TO (Name and address of Land	llord/Creditor)	2. FRO	M (Nar	ne and address	s of lender	r)	
3. SIGNATURE OF LENDER	4	. TITLE	<u>.</u>	5. DATE		6. LEND	ER'S NUMBER
7. INFORMATION TO BE VERIFIE	D.					l	
□MORTGAGE □LAND CONTRACT □RENTAL	PROPERTY ADD	PRESS	ACCO	OUNT IN THE N	NAME OF:		ACCOUNT NO.
8. NAME AND ADDRESS OF APP	, .			GNATURE OF			
		BE COMPLETED I					
RENTAL ACCOUNT Tenant has rented since		MORTGAGE ACC mortgage originated_					NTRACT
to							ARM
Amount of rent \$ per_	Curre	nt mortgage balance	\$		_ FHA		_ VA
Is rent in arrears? Yes No.	Monti	nly Payment P& I on	ly S		FNMA		_ CONV
Amount \$ Period	Paymo	ent with taxes & Ins	\$		_ Next Pay	date	
Number of late payments*	Is mo	rtgage current?	Yes	No	_No of lat	e paymer	nts
Is account satisfactory? Yes	Satisf	rigage assumable? \ actory account?	Yes	No	-		
ADDITIONAL INFORMATION WHI				· · ·			
SIGNATURE OF CREDITOR		TITLE			DATE	.	
The confidentiality of the informat	-		-				

18 years of age and older Student and/or Unemployed Certification Applicant Name: PART I: GENERAL INFORMATION Household Member Name: Date of Birth: Last 4 SSN: Mailing Address: City/State/Zip code: Village: Home Phone: Work Phone: Are you a full-time student? PART II: EMPLOYMENT **Employer:** Position: Years of Employment: Gross Annual Salary: Other Income: Source: WARNING Title 18, Section 1001 of the United States Code states that a person is GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS to any department or agency of the United States. MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER GUAM LAWS. I do hereby certify under the penalty of perjury that all of the information contained in these

Household Member Form

I do hereby certify under the penalty of perjury that all of the information contained in these documents, as well as any additional information and/or documentation provided in support of it, is true and correct. I understand and acknowledge that making false statements is a crime under Federal and Guam law.

I certify that I am over the age of 18 and a member of the household of the applicant listed above. I fully understand that it is a crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts.

Household Member Signature Date

GHC-MRP GHURA Form 002 092020



DEPARTMENT OF

DIPÂTTAMENTON HOMOTNÂT · David M. Dell'Isola, Director · Gerard A. Toves, Deputy Director

Governor Joshua F. Tenorio Lieutenant Governor

AUTHORIZATION TO RELEASE INFORMATION

PUA Claimant Name: Last 4 Social Security:					PU/	A Claim No.		
informati	on to Gu	am Housii		on on	my Pand	lemic Un	employmen	of Labor to release It Assistance Benefits
Date:				(Claim	ant's Sign	ature)		
Gua			For Official	Use O	nly - Do N	lot Compl	ete	artment of Labor
Week	PUA	FPUC	PUA Total	BENEF	WEEK	PUA	FPUC	TOTAL
vveek	PUA	FFOC	IUtal		VVEEK	PUA	PPUC	TOTAL
		+						+
				<u> </u>				
•	ent of Labo	or presentatio						

Mailing Address: P.O. Box 9970 • Tamuning, Guam 96931
Physical Address: 414 West Soledad Avenue • Suite 400, GCIC Building • Hagåtña, Guam 96910

Telephone: (671) 475-7044/7036 • Facsimile: (671) 475-6811

American Job Center: (671) 475-7000/1
Website: dol.guam.gov • hireguam.com Website: dol.guam.gov • hireguam.com

