



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 and Address			Mortgage Loan Number		Date of Last Mortgage Payment		
Monthly Payment \$	Principal Balance \$		Amount Past Due \$		No. of Months Past Due		
PROPERTY INFORMATION							
Subject Property Address (street, city, state & ZIP)					Primary Residence YES / NO		
Legal Description of Subject Property (attach description if necessary)							
APPLICANT INFORMATION							
APPLICANT NAME				CO-APPLICANT NAME			
Social Security Number	DOB (MM/DD/YYYY)	Phone Number		Social Security Number	DOB (MM/DD/YYYY)	Phone Number	
Email Address		Marital Status		Email Address		Marital Status	
Present Address (street, city, state, zip)				Present Address (street, city, state, zip)			
Mailing Address, if different from Present Address				Mailing Address, if different from Present Address			
EMPLOYMENT INFORMATION							
Name & Address of Employer <input type="checkbox"/> Self Employed				Name & Address of Employer <input type="checkbox"/> Self Employed			
Position/Title/Type of Business		Business Phone		Position/Title/Type of Business		Business Phone	
Income \$	() Paid Weekly () Bi-weekly () Semi-Monthly () Monthly		Income \$		() Paid Weekly () Bi-weekly () Semi-Monthly () Monthly		
NON-WAGE INCOME (per month)							
Unemployment Assistance \$ <i>If applicable, date received and how often?</i>				Unemployment Assistance \$ <i>If applicable, date received and how often?</i>			
Veteran: YES / NO		Disabled: YES / NO		Veteran: YES / NO		Disabled: YES / NO	
Medicare: YES / NO		Medicaid: YES / NO		Medicare: YES / NO		Medicaid: YES / NO	
Social Security \$		Food Stamps \$		Social Security \$		Food Stamps \$	
Child Support \$		Alimony \$		Child Support \$		Alimony \$	
Interest/Dividends \$		State Public Assistance \$		Interest/Dividends \$		State Public Assistance \$	
ASSETS							
List checking and savings accounts below				List checking and savings accounts below			
Assets Description		Cash or Market Value		Assets Description		Cash or Market Value	
Name and address of Bank or Credit Union				Name and address of Bank or Credit Union			
Account No.		\$		Account No.		\$	
Name and address of Bank or Credit Union				Name and address of Bank or Credit Union			
Account No.		\$		Account No.		\$	
Name and address of Bank or Credit Union				Name and address of Bank or Credit Union			
Account No.		\$		Account No.		\$	
Life Insurance net cash value Face amount: \$		\$		Life Insurance net cash value Face amount: \$		\$	
Vested interest in retirement fund		\$		Vested interest in retirement fund		\$	
Real estate owned (enter market value from schedule of real estate owned)		\$		Real estate owned (enter market value from schedule of real estate owned)		\$	
Other Assets		\$		Other Assets		\$	
Total Assets		\$		Total Assets		\$	

ADDITIONAL HOUSEHOLD MEMBER INFORMATION			
Other Adult Name	DOB (MM/DD/YYYY)	Age:	Social Security Number:
Income/Wages \$ () Paid Weekly () Bi-weekly () Semi-Monthly () Monthly	Source		
Unemployment Assistance \$ <i>If applicable, date received and how often?</i>	Other Income \$		
Other Adult Name	DOB (MM/DD/YYYY)	Age:	Social Security Number:
Income/Wages \$ () Paid Weekly () Bi-weekly () Semi-Monthly () Monthly	Source		
Unemployment Assistance \$ <i>If applicable, date received and how often?</i>	Other Income \$		
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

I/We the undersigned specifically acknowledge and agree that:

1. The information provided in this application is to be used strictly to determine if I/We qualify or do not qualify to participate in the Mortgage Relief Assistance Program as administered by Guam Housing Corporation (GHC) and Guam Housing and Urban Renewal Authority (GHURA).
2. That all statements made in this application are true and are made for the purpose of obtaining a grant under the program.
3. That I/We do hereby give full authorization to Guam Housing Corporation (GHC) and Guam Housing and Urban Renewal Authority (GHURA) to verify any or all the information herein.
4. I/We the undersigned fully understand that to knowingly make false statements concerning any of the above result in being disqualified to participate in the program

Applicant's Signature

Date

Co-Applicant's Signature

Date

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.

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)

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.

Household Member Form

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:

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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 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



DEPARTMENT OF
LABOR

DIPĀTTAMENTON HOMOTNĀT • David M. Dell'Isola, Director • Gerard A. Toves, Deputy Director

Lourdes A. Leon Guerrero
Governor

Joshua F. Tenorio
Lieutenant Governor

AUTHORIZATION TO RELEASE INFORMATION

PUA Claimant Name: _____ PUA Claim No. _____
Last 4 Social Security: _____

I, _____, duly authorize the Guam Department of Labor to release information to Guam Housing Corporation on my Pandemic Unemployment Assistance Benefits Payment in support of my application for the Mortgage Relief Program.

Date: _____
(Claimant's Signature)

Guam Housing Corporation will submit the authorization form to the Department of Labor

-----For Official Use Only - Do Not Complete-----

**PANDEMIC UNEMPLOYMENT ASSISTANCE PROGRAM
INCOME CERTIFICATION
PUA BENEFITS PAYMENT**

Week	PUA	FPUC	Total		WEEK	PUA	FPUC	TOTAL

Prepared by:

Department of Labor
Duly Authorized Representative

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

