



GHC

GUAM HOUSING CORPORATION

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 (applies to all employed adult household members)
4. Verification of Unemployment Benefits (if applicable, for all adult household members)
5. Latest 2 Check Stub (applies to all employed adult household members)
6. Current utility bill indicating name and address of the property
7. Latest savings and checking account statements (applies to all adult household members)
8. Certification on real estate own properties (applies to all adult household members)
9. Latest year of tax filed documents (Form 1040, 1040a, etc.)
10. Self-Employed, last 2 years' tax filings and last 3 months GRTs (if applicable)
11. Verification of Mortgage (verification form or letter from bank)
12. Valid Photo Identification (Guam ID or driver's license, passport or any state issue)
13. Household Member Form (if applicable)

***Emergency relief assistance is to help with delinquent mortgage loan payments: Delinquent accounts must be during 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*

Updated: 12/17/2020



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

APPLICANT		CO-APPLICANT	
Ethnicity: Hispanic or Latino	YES / NO	Ethnicity: Hispanic or Latino	YES / NO
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	

I/We the undersigned specifically acknowledge and agree that:

- 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).
- That all statements made in this application are true and are made for the purpose of obtaining a grant under the program.
- 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.
- 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.



GHC

GUAM HOUSING CORPORATION

P.O. Box 3457, Hagåtña, Guam 96932

COVID-19 Mortgage Relief Program

Certification on Real Estate Owned Properties

Applicant name: _____ Co-Applicant Name: _____

Listed below are the real estate properties owned by our household.

Property #1 Address or legal description: _____

Owned by (family member): _____

Property #2 Address or legal description: _____

Owned by (family member): _____

Property #3 Address or legal description: _____

Owned by (family member): _____

Property #4 Address or legal description: _____

Owned by (family member): _____

Property #5 Address or legal description: _____

Owned by (family member): _____

Acknowledged by: _____

Applicant Name / Signature

Date: _____

Acknowledged by: _____

Co-Applicant Name / Signature

Date: _____

_____ I do hereby certify the properties listed above is the only owned properties for our household.

_____ I do hereby certify under the penalty of perjury that all of the information listed above is true and correct. I understand and acknowledge that making false statements is a crime under Federal and Guam law.

590 S. Marine Corps Drive, Ste. 514 ITC Building, Tamuning, Guam 96931

Telephone Number (671) 647-4143/46 • Fax Number (671) 649-4144



Request for Verification of Employment

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD FHA); by 42 USC, Section 1452b (if HUD CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq. (if USDA FmHA)

Instructions: Lender - Complete items 1 through 7. Have applicant complete item 8. Forward directly to employer named in item 1.
Employer - Please complete either Part II or Part III as applicable. Complete Part IV and return directly to lender named in item 2.
The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.

Part I - Request

1. To (Name and address of employer)	2. From (Name and address of lender) Guam Housing Corporation P.O. Box 3457 Hagatna, Guam 96932
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I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

3. Signature of Lender	4. Title	5. Date	6. Lender's No. (Optional)
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I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.

7. Name and Address of Applicant (include employee or badge number)	8. Signature of Applicant X
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Part II - Verification of Present Employment

9. Applicant's Date of Employment	10. Present Position	11. Probability of Continued Employment
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12A. Current Gross Base Pay (Enter Amount and Check Period)				13. For Military Personnel Only		14. If Overtime or Bonus is Applicable, Is Its Continuance Likely?	
<input type="checkbox"/> Annual <input type="checkbox"/> Weekly <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly				Pay Grade		Overtime Bonus <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
\$ _____				Type	Monthly Amount	15. If paid hourly - average hours per week	
12B. Gross Earnings				Base Pay	\$ _____	16. Date of applicant's next pay increase	
Type	Year To Date	Past Year _____	Past Year _____	Rations	\$ _____	17. Projected amount of next pay increase	
Base Pay	Thru _____	\$ _____	\$ _____	Flight or Hazard	\$ _____	18. Date of applicant's last pay increase	
Overtime	\$ _____	\$ _____	\$ _____	Clothing	\$ _____	19. Amount of last pay increase	
Commissions	\$ _____	\$ _____	\$ _____	Quarters	\$ _____		
Bonus	\$ _____	\$ _____	\$ _____	Pro Pay	\$ _____		
Total	\$ _____	\$ _____	\$ _____	Overseas or Combat	\$ _____		
				Variable Housing Allowance	\$ _____		

20. Remarks (If employee was off work for any length of time, please indicate time period and reason)

Part III - Verification of Previous Employment

21. Date Hired	23. Salary/Wage at Termination Per (Year) (Month) (Week)		
22. Date Terminated	Base _____	Overtime _____	Bonus _____
24. Reason for Leaving	25. Position Held		

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
29. Print or type name signed in Item 26	30. Phone No.	

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

DIPATTAMENTON HOMOTNAT • 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

