

APPLICATION FOR RENTAL HOUSING

**Please complete this Application and submit all the required documents stated on the attached checklist

NAME:

**Disclaimer: GHC reserves its right to make any necessary changes to the Application as provided by law; Please call (671) 632-5660 for inquires and/or assistance.

	PERSONAL IN	IFORMATIO	N		
Mailing Address:	Cont	act Nos:	Home:		
			Work:		
Email Address:			Mobile:		
Name of Employer:	Emp	loyer's Contact No	.:		
Current Address:	Nam	e of Landlord (if an	y):		
	Land	llord's Contact No.	:		
Monthly Rent: \$	Cred	it References:	1		
			2		
Verification of Bank Account:	Verif	fication of Employr	nent:		
GovGuam Clearance (to include GPA, GW.	A and DPW Solid Waste	Division):			
Are you related to a board member and	I/or an employee of G	uam Housing Corp	oration?	Yes	No
If yes, please state his or her name	and position:				
DEMOGR	APHIC AND O	THER INFO	RMATI	O N	
Head of Household's Ethnicity:	Caucasian	Chamorro		Filipino	
	ROP	FSM		RMI	
	Other:				
Spouse's Ethnicity (if any):	Caucasian	Chamorro		Filipino	
. , ,,	ROP	FSM		 RMI	
	Other:				
	outer:				
Are you and/or your spouse a U.S. Citiz	en?	Yes	No		
Is any member of your immediate fami	ly a U.S. Citizen?	Yes	No		
If you are not a U.S. Citizen, who s	ponsored you for entran	ce into the U.S.:			
Name:		Address	:		
Contact No:					
(Optional) Are you a military veteran?		Ye	es	No	
(Optional) Do you require special accom	modations for accessi	bility? Ye	es	No	
If yes, please state what the type a	ccommodation(s):				
Have you been a party to an unlawful o	letainer action and/o	filed for bankrupt	cy within th	ne last seven (7)	years?
Yes No If yes	s, please explain:				

Have you o	r any of th	he proposed	l occupant(s) ever be	en convicted of a felo	ony and/or pleaded no contest	to a felony
charge?	Yes	No	If yes, please explain: _			
Have you o	r any of the	e proposed	occupant(s) ever beei	n evicted and/or requ	ested to vacate a residence and	or a rental
unit?	Yes	No	If yes, please explain: _			
APPLICANT'S SIGNATURE			Date			
				VRITE BELOW THIS LINE		
			FOR OF	FICIAL USE ONLY		
			APPROVED	DISA	PPROVED	
Name of App	roving Perso	onnel		Title	Date	,