



Preliminary Mortgage Prequalification

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Are you a first-time homebuyer? ☐ Yes ☐ No

Please attach and submit legible copies of the following documents:

☐ Two (2) most recent pay stubs for each applicant

☐ Three (3) years filed, 1040 Income Tax Return with W-2(s) **(2022, 2023, 2024)**

☐ If you are self-employed, Three (3) years Gross Receipt Taxes

Date Received :

_____ 20 _____

PURPOSE OF REQUEST					
Loan Amount Requesting: \$	Term:	() Construction	() Purchase	() Home Improvement (Loan Term: 5 – 20 years)	() Construction / CLTC Property
APPLICANT INFORMATION					
APPLICANT NAME:			CO-APPLICANT NAME:		
Social Security Number	Date of Birth (mm/dd/yyyy)	Age	Social Security Number	Date of Birth (mm/dd/yyyy)	Age
Phone Number	Email Address	Marital Status	Phone Number	Email Address	Marital Status
Present Address (street, city, state, zip) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ No. of Years			Present Address (street, city, state, zip) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ No. of Years		
Mailing Address, if different from Present Address			Mailing Address, if different from Present Address		
CURRENT EMPLOYMENT/SELF-EMPLOYMENT AND INCOME					
Name & Address of Employer:		<input type="checkbox"/> Self Employed	No. of Yrs	Name & Address of Employer:	
Position/Title/Type of Business		Business Phone		Position/Title/Type of Business	
Gross Monthly Income \$	() Paid Weekly () Bi-weekly () Semi-Monthly () Monthly		Gross Monthly Income \$		
Gross Monthly Income \$		() Paid Weekly () Bi-weekly () Semi-Monthly () Monthly		Gross Monthly Income \$	
ASSETS					
Please list your Assets:		Cash or Market Value		Please list your Assets:	
Savings Account(s)		\$		Savings Account(s)	
Checking Account(s)		\$		Checking Account(s)	
Gift Funds		\$		Gift Funds	
Life Insurance (with cash value)		\$		Life Insurance (with cash value)	
Vested in Retirement (401k, etc.)		\$		Vested in Retirement (401k, etc.)	
Other:		\$		Other:	
LIABILITIES					
Please list your Liabilities:		Monthly Payment: Est. Balance:		Please list your Liabilities	
Financial Institution Name/Type of Account:		\$		Financial Institution Name/Type of Account:	
		\$			
		\$			
		\$			
		\$			

I/We the undersigned specifically acknowledge and agree that:

- The information provided in this preliminary application are true and is to be used strictly to determine if I/We qualify or do not qualify for a Mortgage Loan.
- That I/We do hereby give full authorization to Guam Housing Corporation to verify any and/or all the information herein.

Applicant's Signature

Date

Co-Applicant's Signature

Date