



GUAM HOUSING CORPORATION

P.O. Box 3457, Hagåtña, Guam 96932



Preliminary Mortgage Prequalification

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 and VOE
- 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

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PURPOSE OF REQUEST					
Loan Amount Requesting: \$	Term:	() Construction	() Purchase	() Home Improvement <i>(Loan Term: 5 – 20 years)</i>	() 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 \$	() Paid Weekly () Bi-weekly () Semi-Monthly () Monthly	
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:	
1.		\$	\$	1.	
2.		\$	\$	2.	
3.		\$	\$	3.	
4.		\$	\$	4.	

I/We the undersigned specifically acknowledge and agree that:

1. 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.
2. That I/We do hereby give full authorization to Guam Housing Corporation to verify and/or all the information herein.

Applicant's Signature

Date

Co-Applicant's Signature

Date