



# GHURA

Guam Housing and Urban Renewal Authority  
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## UNIT FOR RENT

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

TEL. NO.(S) HOME: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

UNIT LOCATION: \_\_\_\_\_

RENT PER MONTH: \$ \_\_\_\_\_ No. of Bdrm(s): \_\_\_\_\_ No. of Bthrm: \_\_\_\_\_

If you own one or more dwelling units, bedroom size, please indicate the number of vacant units: \_\_\_\_\_

UNFURNISHED       FULLY FURNISHED (Range, Refrigerator, Water Heater)

WITHOUT UTILITIES       WITH UTILITIES (Electricity, Water, Sewer)

### TYPE OF UNIT

SINGLE HOUSE       DUPLEX       MOBILE HOME

APARTMENT       HIGH RISE APARTMENT       OTHER

Is the unit ADA (Americans with Disabilities Act) Accessible?  YES       NO

UNIT AVAILABLE ON: \_\_\_\_\_

SEE MAP ON BACK





PLEASE DRAW / INCLUDE A MAP TO YOUR UNIT LOCATION

