



**Guam Housing and Urban Renewal Authority  
Renaissance Affordable Rental Program  
Tenant Application Form**



**RENTAL APPLICATION CHECKLIST**

You will need to bring ALL of the following:

- 1) Section 8 Voucher if applicable.
- 2) Divorce Decree if applicable.
- 3) Driver's License/Photo I.D. for all applicants 18+.
- 4) Birth Certificates for you & all other household members.
- 5) Proof of ALL income from everyone in your household 18+.
  - TANF verification from caseworker and/or
  - Social Security Award letter and/or
  - 4 recent paycheck stubs and/or
  - Verification of Employment
  - Child Support check stubs or print out and/or
  - Most recent statements of savings and/or checking accounts.
  - Any other income documentation
  - List of all liabilities under the applicant's name.
- 6) Copies of utility bills showing your name and address or letter faxed to us stating you can get service in your name.
- 7) 4 rent receipts.
- 8) Police report for all household members 18 years of age and older.
- 9) Superior Court clearance for all household members 18 years of age and older.

Please contact Grace Gagaring at 475-1316 ([mgagaring@ghura.org](mailto:mgagaring@ghura.org)) or Jo Lyn Terlaje at 475-1319 ([jterlaje@ghura.org](mailto:jterlaje@ghura.org)) if you have any questions and to make an appointment to submit your complete application with all of the above documents.

Property/Address: \_\_\_\_\_

Date: \_\_\_\_\_

**Household Information:** Complete the following information for each household member that will occupy the unit at time of move-in:

Name (Last, First, MI)	Relationship to the Head of Household	Sex (M/F)	Birth Date (mm, dd, yyyy)	Student (Y/N)	Social Security Number

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

**Type:**

1st Choice:  2 BR       3 BR      Location \_\_\_\_\_

2nd Choice:  2 BR       3 BR      Location \_\_\_\_\_

Will you or anyone in your household require a live-in care attendant?  Yes  No

Name of Live-In Care Attendant: \_\_\_\_\_

Relationship (If any): \_\_\_\_\_

**Housing References:**

List the **past 3 years** of housing references. (If additional space is required, use the back of this page.)

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
1.	_____	_____	Own <input type="checkbox"/>	From: _____
	_____	_____	Rent <input type="checkbox"/>	To: _____
	Phone: ( ) _____			
2.	_____	_____	Own <input type="checkbox"/>	From: _____
	_____	_____	Rent <input type="checkbox"/>	To: _____
	Phone: ( ) _____			
3.	_____	_____	Own <input type="checkbox"/>	From: _____
	_____	_____	Rent <input type="checkbox"/>	To: _____
	Phone: ( ) _____			

**Household Information (continued)**

1. Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members?  Yes  No

If YES, explain \_\_\_\_\_

2. Do you expect the number of household members to change in the future?  Yes  No  
If YES, explain how many members will be added or reduced, and when that change will take place.

\_\_\_\_\_

3. Have any of the household members used names or a social security number other than the names and numbers used above?  Yes  No

If YES, explain \_\_\_\_\_

4. Are any or ALL members of the household full-time students?  Yes  No

If YES, explain \_\_\_\_\_

5. Have you or any member of your household ever been convicted of, plead guilty to or been placed on probation for any crime?  Yes  No

If YES, provide the nature of the crime(s): \_\_\_\_\_

Date: \_\_\_\_\_ State: \_\_\_\_\_ City \_\_\_\_\_

County: \_\_\_\_\_

Are any of the above convictions a felony?  Yes  No If YES, Please explain \_\_\_\_\_

\_\_\_\_\_

Are you or any members of your household subject to a lifetime registration requirement under a state sex offender registration program?  Yes  No If YES, Please explain \_\_\_\_\_

\_\_\_\_\_

Are there any criminal charges pending now?  Yes  No If YES, please explain \_\_\_\_\_

\_\_\_\_\_

6. Do you live in subsidized housing now or have you in the past?  Yes  No

If YES, where? \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Were you evicted? \_\_\_\_ If YES, why? \_\_\_\_\_

7. Have you or your spouse/co-applicant ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason?

Yes  No

If YES, explain \_\_\_\_\_

\_\_\_\_\_

8. Have you ever filed or are you currently filing for bankruptcy?  Yes  No

If YES, give reason \_\_\_\_\_

Date of filing: \_\_\_\_\_

9. Have you ever lived at any other property managed by Guam Housing and Urban Renewal Authority?

Yes  No

If YES, where? \_\_\_\_\_

10. Why do you want to move from your current residence? \_\_\_\_\_

11. How did you hear about us? \_\_\_\_\_

12. Do you know or are you related to any of our residents or staff? \_\_\_\_\_

**Income Information:**

Earned income is counted only for household members 18 or older and members who are legally emancipated. Unearned income such as a grant or benefit is counted for all household members, including minors.

Include all GROSS income (before taxes) each household member expects to earn in the next 12 months. (Check either YES or NO to each question.)

Do YOU or ANYONE in your household receive OR expect to receive income from:

1. Employment wages or salaries? Self-employment? Regular pay as a member of the Armed Forces?  Yes  No

*(Include overtime, tips, bonuses, commission and payments received in cash.)*

<u>Household Member</u>	<u>Name of Company</u> <i>(or note if self-employed)</i>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Unemployment benefits or worker's compensation?  Yes  No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Public Assistance, General Relief or Temporary Aid to Needy Families (TANF)?  Yes  No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. (a) Child Support or Spousal Support (alimony)?  Yes  No

*(We must count court ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered, received directly from the payer.)*

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(b) How is the support received? (Check all that apply)

- Child Support Enforcement Agency
- Court of Law
- Directly from Individual
- Other

Name of Agency: \_\_\_\_\_  
 Name of Court: \_\_\_\_\_  
 Name of Person: \_\_\_\_\_

Explain: \_\_\_\_\_

(c) If money is not actually received, are you taking legal action to remedy?

Yes  No

Explanation: \_\_\_\_\_

5. Social Security, SSI or any other payments from the Social Security Administration?

Yes  No

Household Member

SSA Office

Amount

\_\_\_\_\_  
 \_\_\_\_\_

6. Regular payments from a pension, retirement benefit, annuities, or Veteran's benefits?

Yes  No

Household Member

Source of Benefit

Amount

\_\_\_\_\_  
 \_\_\_\_\_

7. Regular payments from a severance package?

Yes  No

Household Member

Source of Benefit

Amount

\_\_\_\_\_  
 \_\_\_\_\_

8. Regular payments from any type of settlement? (For example, insurance settlements)

Yes  No

Household Member

Source of Benefit

Amount

\_\_\_\_\_  
 \_\_\_\_\_

9. Disability, death benefits or life insurance dividends?

Yes  No

Household Member

Source of Benefit

Amount

\_\_\_\_\_  
 \_\_\_\_\_

10. Regular gifts or payments from anyone outside of the household?

Yes  No

(This includes anyone supplementing your income or paying any of your bills.)

Household Member

Source of Benefit

Amount

\_\_\_\_\_  
 \_\_\_\_\_

11. Educational grants, scholarships, or other student benefits?

Yes  No

Household Member

Source of Benefit

Amount

\_\_\_\_\_  
 \_\_\_\_\_

12. Regular payments from lottery winnings or inheritances?  Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

13. Regular payments from rental property or other types of real estate transactions?  Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

14. Any other income sources or types not listed above?  Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

15. Do you or any other household member expect any change in income in the next 12 months?  Yes  No  
 If YES, explain: \_\_\_\_\_

Zero Income Verification:  
 Are YOU or is ANY OTHER ADULT member of your household claiming zero income?  
 Yes  No If YES, who? \_\_\_\_\_

**Asset Information:**

Include all assets and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold in your name and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

1. Checking or savings account?  Yes  No

<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. CDs, money market accounts or treasury bills?  Yes  No

<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

3. Stocks, bonds or securities?  Yes  No

<u>Household Member</u>	<u>Source (Broker's Name)</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

4. Trust funds?  Yes  No

<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Are any of the above listed trusts irrevocable?  Yes  No

5. Pensions, IRAs, 401Ks, 403Bs, KEOGH or other retirement accounts?  Yes  No

<u>Household Member</u>	<u>Location of Account</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

6. Cash on hand?  Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

7. Surrender value of a whole life, universal life, or endowment insurance policy which is available to the policy holder before death?  Yes  No

<u>Household Member</u>	<u>Life Insurance Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

8. Real estate, rental property, land contract/contract for deeds or other real estate's holdings? *(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)*  Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

9. Personal property as an investment? *(This includes paintings, coin or stamp collections, artwork collections or show cars and antiques. This does not include your personal belongings such as your car, furniture or clothing.)*  Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

10. Do you have a safe deposit box containing contents with a monetary value?  Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

11. Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?  Yes  No

<u>Household Member</u>	<u>Description of Asset Disposed</u>	<u>Amount Received</u>
_____	_____	_____
_____	_____	_____

Explanation: \_\_\_\_\_

Do you or anyone listed above own a vehicle?

Vehicle Identification:

1.	License #:	_____	State Issued:	_____	Make/Model/Year:	_____
2.	License #:	_____	State Issued:	_____	Make/Model/Year:	_____
3.	License #:	_____	State Issued:	_____	Make/Model/Year:	_____
4.	License #:	_____	State Issued:	_____	Make/Model/Year:	_____
5.	License #:	_____	State Issued:	_____	Make/Model/Year:	_____

**List of Liabilities**

Include all debts below. A liability is defined as financial obligations that you hold in your name and currently are making payments. This includes but is not limited to personal loan, car loan, and credit card account.

<u>Financial Institute</u>	<u>Type (Loan/Credit Card)</u>	<u>Balance</u>	<u>Monthly Payment</u>	<u>Name under Obligation</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

All questions that were answered YES on this application will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers (where applicable), and any other information required to expedite this process.

**Signature Clause:**

I understand that management is relying on this information to prove my household's eligibility for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). I certify that all information and answers to the questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible. I understand that my occupancy is contingent on meeting management's resident selection criteria and the HUD Community Development Block Grant Program.



I understand that in compliance with the FAIR CREDIT REPORTING ACT the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information I provided, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions.

I hereby grant Guam Housing and Urban Renewal Authority the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

**All household members 18 and over must sign below:**

Signature	Date
Signature	Date
Signature	Date
Signature	Date

<b>For Office Use Only</b>		
<b>Application Date:</b> _____	<b>Time:</b> _____	<b>Desired Move-In Date:</b> _____
<b>Application Received By:</b> _____		