



GHURA

Guam Housing and Urban Renewal Authority
Aturidat Ginima' Yan Rinueban Suidat Guahan
117 Bien Venida Avenue, Sinajana, Guam 96910
Phones: (671) 477-9851 · Fax: (671) 300-7565 · TTY: (671) 472-3701



INFORMATION BULLETIN ON PRE-APPLICATION

The Guam Housing and Urban Renewal Authority is currently accepting pre-applications for the **Guam Elderly Housing Program (Guma Trankilidat)**.

WHO CAN APPLY:

You may apply for the program if your family's gross annual income is not more than the income shown below for your family size.

No. of Members	30% of Median Income	Very-Low Income	Low Income
01	\$12,600	\$21,000	\$33,600
02	\$14,400	\$24,000	\$38,400

APPLYING FOR THE PROGRAM:

Upon completion and submission of the pre-application form, applicants are required to submit **legible copies** of the documents listed below or the pre-application will be considered incomplete.

- 1) **Birth Certificate(s)**
- 2) **Social Security Card(s)** for each family member listed on the pre-application
- 3) **Picture ID for Head of Household and Spouse/Co-head**

The pre-application form and the required documents listed above are to be submitted at either of the following locations:

- 1) GHURA **Main Office** across the Saint Jude Catholic Church in **Sinajana**
- 2) GHURA **Guam Elderly Housing Program (Guma Trankilidat) Office** in **Tumon**

Incomplete pre-applications will result in the delay of processing the determination of eligibility.

After review of your pre-application, you will receive a notification within **20** working days informing you of your preliminary eligibility status.

HOW THE PROGRAM WORKS:

When your name comes up on the Waiting List, **GHURA** will contact you to come in for an interview. At that time, we will update your pre-application; **GHURA** will then request and verify all other required documents pertaining to your household, your income, assets, and medical expenses to determine if you are still eligible for the program.

Families on the Waiting List will be selected based on **GHURA's** approved selection policy.

If you are interested in applying for the Guam Elderly Housing Program (Guma Trankilidat), complete the attached pre-application form and submit in person.



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**APPLICATION
NUMBER:**

**STAMP RECEIPT:
DATE AND TIME**

SECTION 8 PRE-APPLICATION FOR HOUSING ASSISTANCE

ELDERLY HOUSING PROGRAM (GUMA TRANKILIDAT)

APPLICATION FOR ADMISSION

Warning Notice: Section 1001 of Title 18 (US Code), states that it is a criminal offense to make willful false statements or misrepresentation on this application. Any applicant proven to have provided false information could result in denial of your Housing assistance.

Please print clearly when completing this form using black or blue ink. Use the correct legal name for each individual who will reside in the unit. Do not leave any sections of the application blank. If a section does not apply to you, write N/A in the space provided.

I. HEAD OF HOUSEHOLD INFORMATION

HEAD OF HOUSEHOLD: <hr style="border: 0.5px solid black;"/> <div style="display: flex; justify-content: space-between; font-size: small;"> LAST FIRST MI </div>	SOCIAL SECURITY NUMBER	DATE OF BIRTH / AGE
RESIDENTIAL ADDRESS: 	DRIVER'S LICENSE NUMBER	U.S. CITIZEN? / / YES // NO
MAILING ADDRESS: 	HOME PHONE NUMBER	WORK PHONE NUMBER
ALTERNATE CONTACT NAME: 	RELATION:	CONTACT NUMBER:
ALTERNATE CONTACT NAME: 	RELATION:	CONTACT NUMBER:

III. EMPLOYMENT STATUS

Is any member of the household employed or expected to be employed within the next six months? // YES // NO

Name	Employer	Occupation	Gross Wages per Month	Employer Address/Contact #:
Name	Employer	Occupation	Gross Wages per Month	Employer Address/Contact #:

List all other income such as welfare, food stamps, social security benefits, pensions, disability compensation, alimony, and annuities of all household members.

Name/Family Member	Source/Type of Income	Annual Income (Gross)

IV. ASSETS/BANKING INFORMATION (Real Estate, Stocks, Bonds, Trust, Insurance, Savings Accounts, Check Accounts, Time Certificates of Deposits (TCD), etc., for all household members):

Name/Family Member	Name of Bank and Address	Account # and Current Balance

Do you and/or spouse/co-head own a home or other real estate, such as a building or land, on or off-island?

// YES // NO If YES, what is the appraisal value: \$ _____

Property Description: _____

V. MEDICAL EXPENSES (Complete only if Head of Household or Spouse is disabled and/or is 62 years of age or older.) List all medical expenses the family anticipates paying during the next 12 months that will NOT be reimbursed by insurance or other outside source. DO NOT include life or burial insurance premiums.

Type of Expense	Amount	Type of Expense	Amount
Medical Insurance		Doctor's visits	
Prescription medicine			

VI. APPLICANT CERTIFICATION:

I/We hereby certify that the information provided in this application is true to the best of my/our knowledge. I/We understand the questions of this application and understand that any false statements or information are punishable under the Federal Law Section 1001 of Title 18 (US Code). I/We further understand that any false statements or information are grounds for withdrawal from the Waiting List.

Signature of Head of Household

Date

Signature of Co-Head/Spouse

Date

FOR GHURA USE ONLY:

Date Notified of pre-eligibility: _____ Reviewed by: _____