



GHURA

Guam Housing and Urban Renewal Authority
Aturidat Ginima' Yan Rinueban Siudat Guahan
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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