



GHURA

Guam Housing and Urban Renewal Authority
Aturidat Ginima' Yan Rinueban Siudad 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