



GHURA

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



Landlord Statement Request Agreement Form

1. This form is to be used by Landlords and/or their Power of Attorney (POA) only.
2. Current identification is required and must show proof of Power of Attorney (if applicable).
3. For one-time-only, individual requests, statements will be made available after 3:00pm the following business day.
4. Individual monthly request fees will be \$10.00 per statement, per month, **PER LANDLORD**.
5. Annual fees apply to **two** statements per month, processed no later than the 5th and 20th (if applicable) working day of each month.
6. Annual fees will be assessed \$100.00 per year, beginning each calendar year, and will be pro-rated as necessary.
7. Payment must be made in full, via cash, check, or money order at the time of request, in GHURA's Fiscal office.
8. Automatic termination of service will end the last day of each calendar year. Refunds due to early termination of service must be in writing, with a minimum 2-week notice to be in effect.
9. Please print clearly and accurately.

Date of Request: _____

Select One ONLY:

- Annual Fee (\$100.00 fee) One-Time-Only (\$10.00 fee per statement, per month, per landlord)
- Landlord Vendor

Last Name: _____ First Name: _____

DBA: _____ EIN/TIN/SSN: _____

Statement Date from: ____/____/____ to ____/____/____
(mm/dd/yy) (mm/dd/yy)

Statement to be: **Select One ONLY:**

- Faxed** **E-mail** **Mail**
- Fax# _____ email Addr: _____ Mailing Address: _____
- _____
- _____
- _____

Signature: _____ Contact Number: _____

FISCAL/MIS DIVISION ONLY:

Date: _____ Receipt#: _____

Amount paid: \$ _____ Cashier: _____

MIS Rcvd date: _____ (Fiscal Stamp)

MIS Comp date: _____

MIS Initial: _____