

GUAM HOUSING AND URBAN RENEWAL AUTHORITY



117 BIEN VENIDA VENUE
SINAJANA, GUAM 96910
PHONE: (671) 477-9851
SECTION 8 ASSISTANCE PROGRAM



UNIT FOR RENT

NAME: _____ DATE: _____

TEL. NO.(S) HOME: _____ CELL: _____ WORK: _____

UNIT LOCATION: _____

RENTAL 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

AVAILABLE ON: _____

SEE MAP ON BACK 

PLEASE DRAW/INCLUDE A MAP TO YOUR UNIT LOCATION