

GHURA

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





UNIT FOR RENT

NAME:		DATE:
TEL. NO.(S) HOME:	CELL:	WORK:
UNIT LOCATION:		
RENT PER MONTH: \$	No. of Bdrm(s	s): No. of Bthrm:
If you own one or more dwelling	g units, bedroom size, please indi	cate 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	h Disabilities Act) Accessible?	YES NO
UNIT AVAILABLE ON:		SEE MAP ON BACK

