



Submit application with ALL required documents in PDF format to
PSP@doa.guam.gov

REQUIRED DOCUMENTS (PDF FORMAT):

- **Identity:** Driver's License, Guam Identification Card or Passport
- **SSN:** Social Security card for each member of the household or SS Office receipt of application for a number.
- **Earned Income (one of the following):** 2 most recent check stubs, current Employment Verification, current month filed gross receipts, 1040 Form, or income self-attestation.
- **Unearned Income:** Social Security, VA or Retirement Income statements. Court Order or statement from the absent parent for child support received.

Separate and multiple submissions may delay the Eligibility process.



PLEASE PRINT CLEARLY. APPLICANT MUST RESIDE ON GUAM FOR A MINIMUM OF 6 MONTHS AT THE TIME OF SUBMITTING APPLICATION. SUBMIT ONE APPLICATION PER HOUSEHOLD.

APPLICANT INFORMATION							
Last Name		First Name		M.I.	Social Security Number		Date of Birth
Gender	Marital Status	Home#	Work#	Cell#	Email Address		
Race				Employment Status			
				Are you a U.S. Armed Forces Veteran? Branch of Service?			
Mailing Address				City	State	Zip Code	
Physical Address				City	State	Zip Code	

HOUSEHOLD MEMBERS					
LIST ALL PERSONS WHO LIVE WITH YOU NOT INCLUDING SELF, INCLUDE SOCIAL SECURITY NUMBER (SSN)					
Last Name	First Name	Relationship (To Head of Household)	Date of Birth	SSN	EMPLOYMENT STATUS (Employed, Unemployed, Retired, Student, etc.)

I HAVE ATTACHED A SEPARATE SHEET OF PAPER WITH ADDITIONAL NAMES.

HOUSEHOLD INCOME INFORMATION
HAVE ALL ADULT HOUSEHOLD MEMBERS (NOT CLAIMED BY OTHERS) FILED THEIR 2020 or 2021 TAXES? IF "YES", COMPLETE TABLE A AND C IF "NO", COMPLETE TABLE B AND C

TABLE A		
Full Name	2020 or 2021 Tax Form (1040 OR 1040-SR)	Adjusted Gross Income (LINE 11 OF TAX FORM)
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL		\$

PRUGRĀMAN SALĀPPE' APPLICATION - PAGE 2

TABLE B			
Full Name	Type of Income <i>(Wages, self-employed, child support, alimony, retirement, SSI, veteran benefits, social security, etc.)</i>	Source of Income <i>(Who you receive it from, such as name of employer, Social Security Office, etc.)</i>	Amount of Gross Monthly Income
			\$
			\$
			\$
			\$
			\$
			\$
TOTAL			\$

TABLE C
<p>Do you or any members in your household currently receive assistance from the following sources? CHECK ALL THAT APPLY:</p> <p> <input type="checkbox"/> SNAP <input type="checkbox"/> WELFARE <input type="checkbox"/> MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> EMERGENCY RENTAL ASSISTANCE <input type="checkbox"/> OTHER <i>(please specify):</i> </p>

PAYMENT OPTION (Select One)	
<input type="checkbox"/> I prefer to have the check mailed to the mailing address indicated on this application	
<input type="checkbox"/> I prefer to have the check Direct Deposited	Type <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS Name of Banking Institution
Routing Number (9 digits)	Accounting Number

CERTIFICATION
<p>ALL INFORMATION PROVIDED WILL BE CAPTURED BY THE DEPARTMENT OF ADMINISTRATION</p> <p> <input type="checkbox"/> I understand that Department of Administration may validate income information with Department of Revenue and Taxation. <input type="checkbox"/> I understand that Department of Administration may validate public assistance information with Department of Public Health and Social Services. <input type="checkbox"/> I understand that Department of Administration may validate residency with the respective Mayor's Office. </p> <p>WARNING Title 18, Section 1001 of the United States Code states that a person is GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS to any department or agency of the United States. MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER GUAM LAWS.</p> <p>Signature of Applicant: _____ Date: _____</p>

***** OFFICIAL USE ONLY *****	
<input type="checkbox"/> I CERTIFY THE APPLICANT IS ELIGIBLE BASED ON INFORMATION PROVIDED IN THE APPLICATION.	
<input type="checkbox"/> I CERTIFY THE APPLICANT IS INELIGIBLE BASED ON INFORMATION PROVIDED IN THE APPLICATION.	
Reviewed By: _____	Reviewer Signature: _____ Date: _____