

APPLICATION FOR ASSIGNMENT TO HOUSING <small>(Before completing form, read Privacy Act Statement and instructions on next page)</small>		1. TYPE SERVICE DESIRED <i>(X one or both)</i>	
		a. MILITARY HOUSING	b. HOUSING REFERRAL
SECTION I - APPLICANT INFORMATION			
2. NAME OF SPONSOR <i>(Last, First, Middle Initial)</i>		3. PAY GRADE	4. SSN Full SSN
5. DOD COMPONENT			
6. ADDRESS <i>(Street, City, State, Zip Code)</i> Current Home Address		7. TELEPHONE NUMBER	
		a. HOME <i>(Area Code)</i>	b. DUTY <i>(DSN)</i> Or Phone Number with Area Code
		8. STATUS OF APPLICANT <i>(X one)</i>	
		a. MILITARY MEMBER	c. CIVILIAN
		b. MILITARY SPOUSE	d. FOREIGN NATIONAL
9. MARITAL STATUS		10. I AM SEPARATED FROM MY DEPENDENTS <i>(X one)</i>	
		a. VOLUNTARILY	b. INVOLUNTARILY
11. I REQUEST HOUSING FOR <i>(X one)</i>		SECTION II - MILITARY CAREER INFORMATION <i>(Civilians skip to item 15.)</i>	
a. SELF ONLY	b. SELF AND DEPENDENTS	14. DATES <i>(MM / DD / YYYY)</i>	MILITARY APPLICANT MILITARY SPOUSE
12. INSTALLATION/ORGANIZATION TRANSFERRED FROM		a. EFFECTIVE RANK DATE	Date of promotion
		b. ACTIVE DUTY SERVICE COMPUTATION	Date you entered Military
		c. TIME REMAINING ON ACTIVE DUTY	Date you get out of Military
13. INSTALLATION/ORGANIZATION TRANSFERRED TO The Unit will you be transferred to; 2D AA BN, 6TH MAR REG, etc.		d. EFFECTIVE CHANGE IN DUTY STATION	PCS Date
		e. REPORT DATE	Date checking in to CLNC
		f. ESTIMATED FAMILY ARRIVAL DATE	
SEE PAGE 2 FOR SECTION III - DEPENDENT DATA			
SECTION IV - HOUSING DATA			
16. COMMUNITY HOUSING DESIRED <i>(X as applicable)</i>			
a. PURCHASE HOUSE	d. RENT HOUSE	g. RENT MOBILE HOME SPACE	j. ROOM AND BOARD
b. PURCHASE CONDOMINIUM	e. RENT APARTMENT	h. SHARE	k. SUBLET
c. PURCHASE MOBILE HOME	f. RENT MOBILE HOME	i. RENT ROOM	l. TRANSIENT
17. AMENITIES DESIRED <i>(X as applicable. Write number in d. and e.)</i>		18. DATE HOUSING NEEDED <i>(MM / DD / YYYY)</i>	19. PRICE RANGE <i>(Community Housing)</i>
a. FURNISHED	e. NO. BATHS		
b. UNFURNISHED	f. PETS <i>(Allowed)</i>		
c. AIR CONDITIONING	g. OTHER <i>(Explain)</i>		
3	d. NO. BEDROOMS	20. LOCATION REFERENCE <i>(Community Housing)</i> Enter only (1) housing Area; TT, MP, MCAS, PP Capehart or PP 2-Story, etc.	
21. REMARKS - APPLICATION			
22. SIGNATURE OF APPLICANT Service Member signs or Spouse with POA			23. DATE SUBMITTED <i>(MM / DD / YYYY)</i> Date of Signature
SECTION V - DISPOSITION <i>(To be completed by the Housing Office.)</i>			
24. MILITARY HOUSING			
a. APPLICATION RECEIVED <i>(MM / DD / YYYY and time)</i>	b. APPLICATION EFFECTIVE <i>(Control Date)</i> <i>(MM / DD / YYYY)</i>	c. DD FORM 1747 PROVIDED <i>(MM / DD / YYYY)</i>	d. HOUSING AVAILABILITY <i>(Boxes indicated on DD Form 1747)</i>
e. APPLICANT PLACED ON WAITING LIST	f. EFFECTIVE PLACEMENT <i>(MM / DD / YYYY)</i>	g. BEDROOMS REQUIRED	h. DATE UNIT ASSIGNED <i>(MM / DD / YYYY)</i>
SECTION VI - HOUSING REFERRAL CERTIFICATE			
On this date I have received a listing of the housing restrictions approved by the Installation Commander, and I will not reside in any property on the restricted list. I have been briefed on (1) the services provided by the Housing Office, (2) the DoD program on equal opportunity for military personnel in off-base housing, and (3) nondiscrimination based on physical or mental handicaps.		In addition, if any facility refuses to rent or sell to me or I have reason to believe I am being discriminated against, I will promptly notify the Housing Office.	
		25. SIGNATURE OF APPLICANT	26. DATE SIGNED <i>(MM / DD / YYYY)</i>

SECTION III - DEPENDENT DATA

15. DEPENDENTS RESIDING WITH ME

a. NAME (Last, First)	b. DATE OF BIRTH (MM / DD / YYYY)	c. SEX	d. RELATIONSHIP	e. REMARKS (Handicap, health problems, expected additions to family, etc.)	f. EFM
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List all Dependents, including Spouse and/or anyone that will be living in the home.

WAITLISTS PP 2-Story, PP Capehart, MP, TT, WV, WG, etc. You can only be placed on (1) Wait List - please only list (1).

AREA	DES UNIT	BEDS	POSITION	FREEZE ZONE	PRIORITY	NORM WAIT
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ADDITIONAL FIELDS

APPLICATION STATUS:

RANK: SVM GENDER: BEDROOMS QUALIFIED FOR:

SERVICE START: LOS YEARS: LOS MONTHS: PRIVILEGES EXPIRE:

PRD: EAOS: EXTENSION BEGIN: EXTENSION END:

MOVE TYPE: DATE CANCELED:

PHYSICALLY CHALLENGED UNACCOMPANIED FAMILY LOG DATE RENEWED:

APPLICATION PENDING DEA RECEIVED EVICTED DATE DEFERRED:

RENTAL PRIVATE PARTNERSHIP

PERMISSION GRANTED BY: RANK OF GRANTOR: DATE GRANTED:

STATEMENT OF UNDERSTANDING RENTER'S INSURANCE NO FURTHER ENTITLEMENT

MAILING ADDRESS **PERMANENT HOME OF RECORD**

ADDRESS:	ADDRESS:
CITY:	CITY:
STATE:	STATE:
ZIP:	ZIP: PHONE:
COUNTRY:	COUNTRY:

WORK EMAIL: Enter work e-mail if applicable **HOME EMAIL:** Enter personal e-mail and Spouse's, if applicable

AGREEMENT AND RESPONSIBILITIES

- I certify that the bonafide family members listed are acknowledged by the Department of Defense and will reside with me in government/privatization quarters for at least 6 consecutive months or more of each year. I further understand that I must keep the Family Housing Office informed of any changes in my status or family composition that could affect my eligibility for government/privatization quarters. initial
- I hereby authorize my spouse or designated representative with power of attorney to select, accept, and sign for government/privatization quarters in my absence. initial if appl.
- I understand that I will not be eligible to reapply for larger quarters if I accept smaller quarters than those to which I am entitled unless my current family composition changes. initial
- I understand the provisions with regard to transfer policy from one set of government/privatization quarters to another. I further understand that this will apply to this and future tours of duty in this area. initial
- I certify that the information provided on this application is true and I understand that providing false information can result in immediate eviction from quarters and is punishable under Article 15 of the Uniformed Code of Military Justice (UCMJ). initial
- I authorize stoppage of BAH in order that quarters may be held for my occupancy beyond 30 days from the date that I am offered and accepted. initial
- I fully understand that when I accept a government-owned property, to include leased units, I forfeit my BAH entitlements, unless otherwise dictated by applicable regulations. I will continue to receive BAH when assigned to privatization, for rent payments of my chosen unit. initial
- I am aware that the Privacy Act of 1974 prohibits release of personal information without my approval. I do hereby authorize the Military Housing Office to release the information contained in this family housing application to the Privatization Partner for purposes of placement on the family housing waiting list and placement in a privatized home. initial

Service Member signs or Spouse with POA

Date of Signature

SIGNATURE OF SERVICE MEMBER **DATE**

Privacy Act Statement

AUTHORITY: 5 USC 301 Department Regulations

PURPOSE AND USES: The principal purpose is to provide information on the requirement of military personnel for government/privatization quarters. The information is revised and filed in the Housing Office for use in assisting military personnel to obtain/maintain government/privatization quarters.

EFFECTS OF NONDISCLOSURE: Disclosure of this information is voluntary; however, nondisclosure would make it difficult, if not impossible, to assist an individual in obtaining government/privatization quarters.

Responses to DD Form 1746, sections III and V

Prior editions may be used.

Printed: