

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 Marine Corps, Navy, etc.		
6. ADDRESS <i>(Street, City, State, Zip Code)</i> Current Home Address		7. TELEPHONE NUMBER		8. STATUS OF APPLICANT <i>(X one)</i>		
		a. HOME <i>(Area Code)</i> XXX-XXX-XXXX	b. DUTY <i>(DSN)</i>	a. MILITARY MEMBER	c. CIVILIAN	
		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 entered military		
			c. TIME REMAINING ON ACTIVE DUTY	End of service date		
13. INSTALLATION/ORGANIZATION TRANSFERRED TO			d. EFFECTIVE CHANGE IN DUTY STATION	PCS date		
			e. REPORT DATE	Report date 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 (1) housing area; Berkeley Manor, Heroes Manor, Paradise Point 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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WAITLISTS

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 address if applicable	HOME EMAIL: Enter personal and/or spouse's e-mail address if applicable

AGREEMENT AND RESPONSIBILITIES

1. 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
2. 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 applicable
3. 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
4. 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
5. 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
6. 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
7. 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
8. 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.

FOR OFFICIAL USE ONLY: This report contains information that is privacy and business sensitive. Any misuse or unauthorized disclosure of privacy and business sensitive information may result in civil and/or criminal penalties in accordance with 18 United States Code (U.S.C.) 1030; Section 552a of title 5 (U.S.C.); as amended Privacy Act of 1974; DoD 5400.11-R. To avoid compromise, destroy this report after use.