

Directorate of Public Works (DPW) Housing Division

UNACCOMPANIED HOUSING APPLICATION IN-PROCESSING FORM

Name (Last, First, MI): _____

(Please print legibly)

DOD ID#: _____
(ensure DOD ID is correct and legible)

Service Branch: () Army Navy Air Force Marines Coast Guard Other _____

Rank (Grade): _____ Installation/Organization Transferred from: _____

Date of Rank: _____

Unit & UIC: _____

Gender: Male) Female)

Marital Status: Single) Married) Widowed) Divorced)

Unaccompanied) Accompanied) Joint Domicile)

*Unaccompanied with Military Spouse in Korea)

*Unaccompanied receiving BAH at With Dependent rate)

Duty Phone #: _____

Cell Phone #: _____

Date of Birth: _____

DEROS Date: _____

ETS Date: _____

Date
Departed Last
Duty Station: _____

Date arrived
in Korea: _____

Date to be Released from Quarantine: _____

Government Email: _____ @mail.mil

Personal Email: _____

Joint move-in insp. : _____

BLDG/RM: _____ / _____

On orders to relocate from another area in Korea? ()Yes ()No

- If yes, Date of Final Termination From Quarters in Area I,II,IV, or V

_____ (<----This will also be your move in date to Humphreys and key issue date)

Signature: _____

Date: _____

Before Turning In Your Packet:

- 1) Check all forms to ensure they are filled out completely.
- 2) Make sure you have:

- signed/dated the APPLICATION IN-PROCESSING FORM
- signed/dated back of SENIOR LEADER QUARTERS ASSIGNMENT ACCEPTANCE LETTER
- signed/dated Liability for Damage to Assigned Housing

Required Documents for Virtual In-processing

- 1-APPLICATION IN-PROCESSING FORM
- 2-SENIOR LEADER QUARTERS ASSIGNMENT ACCEPTANCE LETTER
- 3-Liability for Damage to Assigned Housing
- 4-Pin-point Orders
- 5-PCS Orders
- 6-DA31 (or Installation Clearing Papers)
- 7-ERB/ORB/DA 4187 etc. (if needed)

***Housing Office will provide SLQ BLDG / RM to SM depending on availability.**

Housing Office will set the SLQ Joint move-in inspection schedule at the earliest possible time. SM must be present at SLQ room on the day of SM's joint move-in inspection.

The Joint move-in inspection will be scheduled on the next duty day following quarantine release. Due to Holiday / Weekend or non-availability of inspection schedules, SM may be asked to stay at the on-post army lodging more than 1-day. This lodging cost will be covered under in-bound TLA (Temporary Lodging Allowance).

***SM is not authorized TLA after joint move-in inspection.**

***SM should check out of lodging by 1100 to prevent a late check-out fee on the day of joint move-in inspection.**

SM has to turn in 'Zero Balance' Lodging Receipt, Housing TLA memo and USFK Form 122 to the Finance Office for reimbursement.

***For Additional assistance, please contact your unit sponsor.**

UNITED STATES ARMY GARRISON HUMPHREYS
SENIOR LEADER QUARTERS
ASSIGNMENT ACCEPTANCE LETTER

I, _____ assigned to _____ building / _____ room number, on _____
(Servicemember's Rank & Full Name) (joint move-in inspection)

Please initial on the left of each item to verify that you have been briefed and understand each statement.

_____ 1. **Assignment to SLQ:** I am being assigned to on-post Senior Leader Quarters (SLQ) and I understand, per Garrison Policy 36, that once I am assigned a room and accept a key, the assignment is permanent and relocation will not be authorized except in the case of health or safety and/or directed by the Garrison Commander. I further understand that I must take a room assignment no later than the last day of my in-processing with 19th HRC. If I am staying in lodging/hotel I will be assigned a room today, but I will need to check out of the lodge/hotel before 1100hrs tomorrow morning (next duty day) and return to housing to receive a room key.

I am a (initial one and N/A the other):

_____ **Bona Fide Bachelor** I am being assigned to SLQ due to the occupancy rate being below 95%, or the occupancy rate is over 95% I am electing to live in SLQ anyway.

_____ **Geographical Bachelor**, I am being assigned to SLQ due to the occupancy rate being below 100%.

_____ 2. **Resident Use:** I will use the premises solely as an unaccompanied single residence for myself. I understand use of the unit for other purpose, including the shelter of any additional number of persons except temporary guests, to include family members, is prohibited without prior written consent of the housing manager.

_____ 3. **Visitation Request:** I must request visitation authorization from the Housing Office PRIOR to having long term visitors in government quarters. Visitation Authorization Requests Forms are available to service members upon request in the Housing Office.

_____ 4. **Stoppage of BAH for Dependents Visit more than 90days:** IAW JTR Chapter10, Part E, Section 3. - Dependents may visit the OCONUS PDS without changes to allowances. However, I understand that if the visit exceeds 90 consecutive days, it is no longer a visit but a change of the dependents' permanent residence and I must change my OHA to w/Dependent Rate & forfeit BAH allowance. I acknowledge and understand I cannot receive multiple housing allowances for dependents.

_____ 5. **Condition of Property:** I will conduct a Joint Move-in Inspection with Housing Inspector on the day of SLQ move-in.

_____ 6. **Government Furniture Removal:** If you have government issued furniture you want removed in order to use personal HHG furniture, you will need to call Furniture Management Branch within 1st 90 days, for a one time pick up only. Any additional Government pick up request will be at the SM's expense to return to FMB.

_____ 7. **Furniture and Appliances Repair:** DSN:4357 (HELP) From Cell: 0503-356-HELP (4357) Choose option #4.

_____ 8. **General Maintenance, Neglect, Willful Damage and Costs:** I understand that I will, at my own expense: (a) replace or repair all broken or damaged glass, screens, flooring, wood, plaster, drywall, and locks, occurring during my occupancy, normal wear and tear excepted; (b) keep in a state of good repair and cleanliness, all parts of the property, including equipment and appliances, and keep all property free from objectionable features, nuisances, and hazards. Any repairs or replacement of property, equipment, or appliances required due to the abuse or negligence by acts of commission or omission of resident or guest(s) will be paid for by the me. At the termination of occupancy, all appliances and equipment should be in good working order and the premises should be in a clean condition, normal wear and tear excepted. Approval of the housing manager must be obtained before I place any exceptionally heavy articles in the unit which may damage the unit's structural integrity.

_____ 9. **Notice of Defects or Malfunctions:** I will promptly notify the Housing Maintenance contractor DSN: HELP(4357) or Cell 0503-356-HELP(4357) when the structure or the equipment of any fixture contained therein becomes defective, broken, damaged, or malfunctions in any way.

_____ 10. **Redecorating and Alterations:** I understand I must obtain written permission before redecorating and must not make any alterations, additions, or improvements without first obtaining written consent. Such alterations could, at the option of the housing manager, remain with the property or be removed by the resident. When removing such alterations, the house and premises must be returned to its original condition at my own expense.

_____ 11. **Access to Property by the Housing Manager and His/Her Duly Designated Representatives:** When warranted by circumstances or reasonable cause, the installation commander or a duly designated representative may enter the premises to conduct a visual inspection. The resident must be given advance written notice of the purpose and objective of the inspection.

_____ 12. **System Overloads:** I will not install or use any equipment that will overload any gas, water, heating, electrical, sewage, drainage, or air conditioning systems of the assigned premises.

- _____ 13. **Smoke Detectors:** I am responsible for checking smoke detectors periodically during occupancy and keeping them in proper working condition and to report any malfunctions to the Fire Department, 753-6173.
- _____ 14. **Resident Conduct:** Residents should conduct themselves and require other persons on the premises to conduct themselves in a manner that will not disturb their neighbors. I acknowledge that noise complaints from my neighbors will cause the issue to be elevated to my Chain of Command for resolution. Multiple complaints of noise from guest(s), to include family members, will cause me to lose my visitation privileges.
- _____ 15. **Insurance:** Because of potential liability claims for damages, loss to the assignee housing units, the resident is encouraged to obtain private liability insurance which provides protection of his/her personal property and the unit to which he/she is assigned.
- _____ 16. **Health and Safety:** I will comply with all health and safety regulations imposed by the local Garrison.
- _____ 17. **Tour Extension/AIP:** I understand that I must provide the Housing Office any approved tour extension, so that my DEROS can be changed in my file.
- _____ 18. **Pets:** At no time are pets allowed in UPH SLQ. No exceptions to policy (ETP) will be granted for pets. In order for a SM on unaccompanied orders to get an approved ETP for a pet, the pet will first have to be classified as a service animal per Army Directive DODI 1300.25 and Army Directive 2013-01. The request would then have to be validated by the Deputy Chief Behavioral Health, 65th Medical Brigade, and concurred by the Deputy Commander for Clinical Services, 65th Medical Brigade, before submission to housing for approval.
- _____ 19. **Single Pregnant Service Member on UPH Orders:** Single pregnant service members can move off post and collect w/out dependent rate OHA at 28 weeks (i.e. 12 weeks from the due date). Service member must present proper medical documentation (i.e., pregnancy profile) and, 1SG /Company Commander's approval prior to moving off post. Once the child is born it is the single service member's responsibility to provide the birth certificate to the Housing Office to change OHA rate from the "without" dependent rate, to the "with" dependent rate OHA. No Certificate of Non Availability (CNA) is authorized.
NOTE: This applies if you are a bona fide single service member collecting "NO" OHA/BAH entitlements. If single and currently collecting dependent rate OHA/or BAH, see below, "Married Pregnant Service Member on UPH Orders."
- _____ 20. **Married Pregnant Service Member on UPH Orders:** Married pregnant service members are able to move off post at their own expense. No Certificate of Non Availability (CNA) is authorized. If service member has dependents residing elsewhere collecting "with" dependent rate OHA/or BAH, and once child is born (additional dependent), the soldier must decide where she wants to continue to collect "with" dependent rate OHA or BAH as the service member is only AUTHORIZED ONE entitlement. NOTE: IAW JFTR Ch 10: Housing Allowances Part E: Assignment Situations/Section 2: Mbr with Dep (U10402E-2) 7. Multiple Dependent Locations: In instances of multiple dependent locations, the member must designate the dependents' primary residence. The housing allowance rate is based on this primary residence.
- _____ 21. **Out-Processing:** 60 days PRIOR to PCS time I will notify the Housing Office. Housing will schedule a pre/termination inspection according to your flight schedule. You do NOT need orders to schedule pre/term inspection however the day of term inspection PCS orders are mandatory to clear and out-process.
- _____ 22. **Occupant Handbook:** I received a copy of the Occupant Handbook for Unaccompanied Housing, with mold information.

Information Required by the Privacy Act of 1974

You have been asked to provide information or documents containing personal information that will be retained in your customer file here in the Housing Office. The authority of the Government to request and retain this information, the purpose for which it is requested, and the possible routine uses are outlined below. You are entitled to a copy of this Privacy Act statement. **Authority:** 10 USC 3013, Secretary of the Army, EO 9397 (SSN).

Principal Purposes: To provide housing and related services for military personnel, their dependents, and qualified civilian employees; to render reports; to investigate complaints; and to provide information necessary to prepare the lease-rental contract for housing in the community.

Routine Uses: In addition to those disclosures generally permitted under 5 USC 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DOD as a routine use pursuant to 5 USC 552a(b)(3) as provided in any of the Blanket Routine Uses set forth at the beginning of the Army's compilation of systems of records notices.

Disclosure: Voluntary. However, if the information is not provided, the individual will not be considered for a lease rental contract or issuance and use of Government-owned furnishings.

_____/_____
Service Member Signature and Date

_____/_____
Housing Representative Signature and Date

Liability for Damage to Assigned Housing

1. Public law makes military residents of Government housing units legally responsible for damage to the units, or for damage or loss of Government-issued appliances and furniture. This notice explains the rules which apply to family and permanent party unaccompanied personnel housing. You should read it carefully and keep a copy for your records.

a. First, you can be held pecuniarily liable when your Government housing, appliances, or furnishings are lost, damaged, or destroyed as a result of your negligence or abuse. You are negligent if you act carelessly, or if you are aware that your family members, or those you allow on the premises, are likely to act carelessly and do not take proper steps to prevent or minimize such conduct. Abuse means either willful misconduct or the deliberate unauthorized use of housing, that is, conducting an unauthorized business in the housing unit.

b. Second, the Army has limited your liability to an amount equal to one month's basic pay, unless the damage or loss is caused by your gross neglect or willful misconduct; in such a case, you are liable for the full amount of the damage or loss, which could amount to thousands of dollars. You are grossly negligent if you act in a reckless or wanton manner, or if you are aware that your family members or persons you allow on the premises are likely to act recklessly and you do not take proper steps to prevent or minimize such conduct. In other words, if you know that damage is likely to result from the willful misconduct or reckless behavior of family members or guests, and despite such knowledge, you fail to exercise available opportunities to prevent or limit the damage, you are grossly negligent and will be charged for the full amount of the loss.

c. Third, you are not liable for damage consisting only of fair wear and tear, or caused by an act of God or by the acts of persons other than family members or guests. You are, however, responsible for damage caused by pets belonging to you or your guests.

d. Fourth, special rules for housing-related reports of survey permit commanders to waive claims for damage or loss when such is found to be in the best interests of the United States. This waiver authority is similar to forgiveness of the debt. If you request a waiver and fail to get it, you can appeal the matter through report of survey channels. If unsuccessful, you can seek redress through the Army Board for Correction of Military Records.

2. The purpose of the housing liability law is to let us set limits for your liability and to waive claims in appropriate circumstances. The potentially great liability created by the law makes the question of insurance very important. However, only you can decide whether your potential risks warrant the purpose of insurance. The Army does not require it, but you may want insurance for your own protection and peace of mind.

I have read and understand the policy contained herein.

Name _____

Assignment: Bldg. _____ Rm. _____

Signature _____

Date: _____