| APPLICATION FOR ASSIGNMENT TO HOUSING | | | | | | 1. 1 | YPE SER | VICE DE | SIRED | (X one or both) | |
|---|-----------------------------|---------------------------|--|--------------------------------|--|---|---------------------------------------|-------------------------------------|---------------------|---------------------|--|
| (Before completing form, read Privacy Act Statement and Instructions on rev | | | | | a. Mi | | | ITARY HOUSING b. HOUSING REFERRAL | | | |
| SECTION I - APPLICANT INFORMATION | | | | | | | | | | | |
| 2. NAME OF SPONSOR (Last, First, Middle Initial) | | 3. PAY GRADE | | 4. SSN | | | 5. DOD COMPONENT ARMY AF NAVY MARINE | | | | |
| 6. ADDRESS (Street, City, State, Zip Code) | 7. TELEPHONE | NUMBE | R | | 8. <mark>S</mark> | TATUS OF | APPLIC | CANT | (X one) | | |
| | | a. CELLPhone | | b. DUTY (DSN) if known | | | a. MILITAF | RY MEMBE | R | c. CIVILIAN | |
| | | 0 111 0 111 0 1110 | | | | | b. MILITAF | | | d. FOREIGN NATIONAL | |
| | | 9. MARITAL STATUS | | 10. I AM SEPARATED FROM M | | | /I MY DEP | | | | |
| | | | a. VOLUNTARILY | | | | b. INVOLUNTARILY | | | | |
| 11. I REQUEST HOUSING FOR (X one) | | | | | SECTION II - MILITARY CAREER INFORMATION (Civilians skip to Item 15.) | | | | | | |
| a. SELF ONLY b. SELF AN | D EDOM | | 14. DATES (Enter in YYMMDD of | | | rder) | MILITARY APPLICANT MILITARY SPOUSE | | | | |
| 12. INSTALLATION/ORGANIZATION | ED FROIVI | | a. EFFECTIVE RANK/RATE DATE | | | | | | <==Date of Rank | | |
| | | | b. ACTIVE DUTY SERVICE COMPU | | | | | | | | |
| 13. INSTALLATION/ORGANIZATION | ED TO | D TO | | c. TIME REMAINING ON ACTIVE DU | | | | | | | |
| 10. INCOME TO THE PROPERTY OF | D 10 | | d. EFFECTIVE CHANGE IN DUTY S | | | ATION | | | K==DEROS from Korea | | |
| | | | e. REPORT DATE | | | A T C | | | | | |
| SECTION III - DEPENDENT DATA | | | f. ESTIMATED FAMILY ARRIVAL DATE | | | | | | | | |
| 15. DEPENDENTS RESIDING WITH ME (If more space is needed, continue on plain paper.) | | | | | | | | | | | |
| | | | | | | | | | | | |
| a. NAME (Last, First, Middle Initial) | | b. DATE OF BIRTH (YYMMDD) | c. SEX | d. | RELATIONSHIP | e. REMARKS (Handicap, health problems, exper family, etc.) | | | | | |
| | | N/A | | Spouse | | | | | | | |
| | | | | | Child | | | | | | |
| | | | | | Child | | | | | | |
| <u> </u> | | | | - | Child | | | | | | |
| SECTION IV. HOUSING DATA | | | | | | | | | | | |
| SECTION IV - HOUSING DATA | | | | | | | | | | | |
| 16. COMMUNITY HOUSING DESIRED (X as applicable) a. PURCHASE HOUSE d. RENT HOUSE | | | | g. RENT MOBILE HO | | | DME SPACE j. ROOM AND BOARD | | | M AND BOARD | |
| b. PURCHASE CONDOMINIUM | | | NIT | | h. SHARE | | | | k. SUBL | | |
| c. PURCHASE MOBILE HOME | | f. RENT MOBILE HOME | | i. RENT ROOM | | | | | | NSIENT | |
| 17. AMENITIES DESIRED (X as applicable | | | 18. DATE HOUSING NEEDED (YYMMDD) 20. LOCATION PREFERENCE (Comm. | | | D | 19. PI | | | | |
| a. FURNISHED | | e. NO. BATHS | | | | | (Community Housing) | | | | |
| b. UNFURNISHED | | f. PETS (Allowed) | | | | | unity Housing) | | | | |
| c. AIR CONDITIONING | | g. OTHER (Explain) | | | | E (Commun | | | | | |
| d. NO. BEDROOMS | | | IN (Explain) | | | | | | | | |
| | | | | | | | | | | | |
| Email addresses Do you want to be placed on Army Family Housing waitlist? Yes No | | | | | | | | | | | |
| Gov't: Walk-in date: (Walk-in date will be used if Service Member has no Clearance | | | | | | | | | | | |
| paperwork or DA31 Leave Form.) | | | | | | | | | o no oroaranos | | |
| Personal: Do you have family members enrolled in EFMP Yes No | | | | | | | | | | | |
| | | | | | | | | | | | |
| Pet Information: F | | | | | | | | | | | |
| | | | | | Pet Type Breed | | | | Weight | | |
| 22. SIGNATURE OF APPLICANT | | | | | | | | | | UBMITTED | |
| | | | | | | | | (YYMMDD) | | | |
| | | | | | | | | | | | |
| SECTION V - DISPOSITION (To be comple | ted by the Housi | ing Office.) | | | | | | | | | |
| 24. MILITARY HOUSING a. APPLICATION RECEIVED | c. DD FORM 1747 PROVIDED d. | | | | | d. HOUSING AVAILABILITY (Boxes | | | | | |
| (YYMMDD and time) | N EFFECTIVE (YYMMDD) | | (YYMMDD) | | | | | indicated on DD Form 1747) | | | |
| e. APPLICANT PLACED ON WAITING LIST | ACEMENT (YYMMDD) | | g. BEDROOMS REQUIRED | | h. DATE U | | ATE UNI | T ASSIGNED (YYMMDD) | | | |
| 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 | | | | | reason to believe I am being discriminated against, I will promptly notify | | | | | | |
| Housing Office, (2) the DoD progra | m on equal | opportunity for | r military | 25. SIGNATURE OF APPLICANT | | | | | | 26. DATE SIGNED | |
| personnel in off-base housing, and (3) or mental handicaps. | ination based on | physical | | | | | | | (YYMMDD) | | |
| i ' | | | | | | | | | | | |