

IMLM-PWH

Last Name, First Name MI: \_\_\_\_\_

SUBJECT: Request for Issuance of Certificate of Non-Availability (CNA)

IMLM-PWH

Date of Submission

MEMORANDUM THRU Directorate of Public Works, Housing Division (HD), 2008 North 3<sup>rd</sup> Street, MS 17, Joint Base Lewis-McChord, WA 98433-9500

FOR Commander, Headquarters Joint Base Lewis-McChord, 1010 Liggett Ave, Box 339500, Mail Stop 1AA, Joint Base Lewis-McChord, WA 98433-9500

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1. Request the Joint Base Garrison Commander approve a Certificate of Non-Availability (CNA) to authorize Basic Allowance for Housing (BAH) at the "without dependent rate" for the reason specified in sub-paragraph h.

- a. Full Name (Last, First, MI): \_\_\_\_\_
- b. Rank/Grade: \_\_\_\_\_
- c. SSN: \_\_\_\_\_
- d. Unit of Assignment: \_\_\_\_\_
- e. Phone #: \_\_\_\_\_
- f. AKO Email: \_\_\_\_\_
- g. Current Barracks Resident:  Yes; Bldg # \_\_\_\_\_ Rm # \_\_\_\_\_  
 No; Address \_\_\_\_\_

h. The following do not require an Exception to Policy Request (Select One):

- (1)  Pregnancy. Attach the following required documentation:
  - Copy of signed profile DA Form 3349 with delivery due date.
  - Copy of orders assigning SM to JBLM or copy of current ERB.
- (2)  Parental Custody (Custodial Parent). Attach the following required documentation:
  - Copy of court ordered document validating Service Member as the custodial parent.
  - Copy of orders assigning SM to JBLM or copy of current ERB.
- (3)  CID/CI - Special Agents, Lab Examiners and Counterintelligence SM. Attach the following required documentation:
  - Validation of their status as a Special Agent, Lab Examiner or role in Counter Intelligence.
  - Copy of orders assigning SM to JBLM or copy of current ERB.
- (4)  Home Purchase Local Area Prior to Assignment to JBLM. Attach the following required documentation:
  - Copy of mortgage or deed.
  - Copy of orders assigning SM to JBLM or copy of current ERB.

**PRIVACY ACT STATEMENT**

AUTHORITY: 10 U.S.C. 3013; PL 104-106; DoDD 4165.63; AR 210-50; EO 9397. PURPOSE (S): To provide information relating to the management, operation, and control of the Army housing program; to provide housing and related services for military personnel, their dependents, and qualified civilian employees; to render reports; to investigate complaints and related matters. ROUTINE USES: These records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552(b)(3). DISCLOSURE: Disclosure is voluntary; however, failure to provide the information requested may cause a delay in processing of subject, all others, no effect.

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- i. The following are Exception to Policy (ETP) Requests. Memorandum for records should include the regulatory guidance used as the basis for their recommendation. *(Select One):*
- (1)  Joint Custody/Visitation Rights. Attach the following required documentation:
- Memorandum for record from SM's Unit detailing the basis of the ETP request.
  - Copy of court ordered document/parenting plan with dates of custody or visitation.
  - Copy of orders assigning SM to JBLM or copy of current ERB.
  - Copies of any supporting documentation referenced in the memorandum for record.
  - If "financial hardship" request, Army Community Services Financial Advisor review and verification required. **(SECTION III, Part A of this form must be completed, IAW IMCOM OPORD 11-607)**
- (2)  Lease or Mortgage Prior to Civilian Spouse Service Enlistment – No Dependents. Attach the following required documentation:
- Memorandum for record from SM's Unit detailing the basis of the ETP request.
  - Copy of marriage certificate.
  - Copy of Spouse enlistment orders.
  - Copy of lease, rental agreement or mortgage.
  - Copy of orders assigning SM to JBLM or copy of current ERB.
  - Copies of any supporting documentation referenced in the memorandum for record.
  - If "financial hardship" request, Army Community Services Financial Advisor review and verification required. **(SECTION III, Part A of this form must be completed, IAW IMCOM OPORD 11-607).**
- (3)  SM Spouse Death without Dependents. Attach the following required documentation:
- Memorandum for record from SM's Unit detailing the basis of the ETP request.
  - Copy of death notification.
  - Copy of lease, rental agreement or mortgage.
  - Copy of orders assigning SM to JBLM or copy of current ERB.
  - Copies of any supporting documentation referenced in the memorandum for record.
  - If "financial hardship" request, Army Community Services Financial Advisor review and verification required. **(SECTION III, Part A of this form must be completed, IAW IMCOM OPORD 11-607).**
- (4)  Miscellaneous Exception to Policy. Attach the following required documentation:
- Memorandum for record from SM's Unit detailing the basis of the ETP request.
  - Copy of lease, rental agreement or mortgage.
  - Copy of orders assigning SM to JBLM or copy of current ERB.
  - Copies of any supporting documentation referenced in the memorandum for record.
  - If "financial hardship" request, Army Community Services Financial Advisor review and verification required. **(SECTION III, Part A of this form must be completed, IAW IMCOM OPORD 11-607).**

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2. I have provided my initials after sub-paragraphs a, b and c to affirm my understanding of the statements provided in those sub-paragraphs.

a. I understand that I am NOT to enter or sign a lease or rental agreement UNTIL I have obtained an approved CNA with certificate number and effective date. I understand that if I have already entered into a lease or rental agreement without an approved CNA (contrary to AR 420-1), I am NOT to renew my existing lease or rental agreement or enter into a new lease or rental agreement UNTIL I have obtained an approved CNA with certificate number and effective date. \_\_\_\_\_ (initials)

b. I understand that CNA requests for reasons 1h(1) thru 1h(4) can be processed same day on a walk in basis at the First Sergeant's Barracks Program (FSBP) Branch. I also understand that requests made under reasons 1i(1) thru 1i(5) take between fifteen (15) and thirty (30) calendar days to process and that the Unit POC provided in SECTION 1 will be notified by FSBP of CNA approval or disapproval. \_\_\_\_\_ (initials)

c. If my request for CNA is approved, I understand that I will be required to complete a mandatory HSO Off-Base Rental briefing before my CNA certificate number will be issued. \_\_\_\_\_ (initials)

d. If my ETP is approved I understand that I will only be issued a CNA for a 1 year period. IAW the Joint Travel Regulation I must submit a request each year to validate the BAH requirement / request. I also understand that I should not extend my lease until I have received approval through the ETP process for the next year, as approval of the ETP is not guaranteed. I also understand that the processing of the ETP takes time therefore, I should submit my ETP requests for continuous years in a timely fashion. \_\_\_\_\_ (initials)

\_\_\_\_\_  
Requestor Printed Rank and Name (Rank, First, MI, Last)

\_\_\_\_\_  
Requestor Signature

**SECTION I - UNIT RECOMMENDATION (ALL SECTIONS MUST BE COMPLETE TO PROCESS CNA REQUEST)**

Unit 1SG/CO CDR Recommendation <i>(required for all)</i>	BN CSM Recommendation <i>(required for all requests)</i>
Unit: _____; Phone: _____	Unit: _____; Phone: _____
Printed Name: _____; Signature: _____	Printed Name: _____; Signature: _____
<input type="checkbox"/> Concur; <input type="checkbox"/> Non-Concur; Date: _____	<input type="checkbox"/> Concur; <input type="checkbox"/> Non-Concur; Date: _____
Remarks:	Remarks:

**BN Commander Recommendation to Concur or Non-Concur with Request & Acknowledgement *(required for all requests)***

Unit: \_\_\_\_\_; Phone: \_\_\_\_\_;  Concur;  Non-Concur; Date: \_\_\_\_\_

I understand that in accordance with General Officer Memorandum, Subject: Certificates of Non-Availability (CNA) for Basic Allowance for Housing (BAH) dated 6 January 2011, instances of Service Members being moved off-base without proper authorization (an approved CNA with certificate number and effective date) will result in a General Officer Letter to the first officer responsible in the chain of command. I understand that the Directorate of Public Works, Housing Division is the sole approval authority for CNA requests submitted under reasons 1h(1) thru 1h(4). I understand that the Joint Base Garrison Commander is the sole approval authority for CNA requests submitted under reasons 1i(1) and 1i(4).

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Unit Point of Contact (POC) *(required for all requests)***

Please notify the identified Unit POC when this CNA request has been approved or disapproved.

Unit: \_\_\_\_\_ Rank: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION II - HOUSING DIVISION (HD) USE ONLY**

**CNA Packet Receipt and Review & CNA Certificate Issuance - Reasons 1h(1) thru 1h(4) only**

<b>Dates:</b>	<i>First Submission Date:</i>	<i>Second Submission Date: (If returned to unit)</i>	
<b>Packet Review:</b>	<input type="checkbox"/> Complete; <input type="checkbox"/> Incomplete - Returned to unit	Staff Initials: _____	
<b>HSO Briefing:</b>	Date Completed: _____	Staff Initials: _____	
<b>HD Certifying Officer:</b>	Current JBLM permanent party barracks resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Printed Name: _____ Signature: _____	
<b>CNA Certificate Approved:</b>	<b>Number:</b>	<b>Effective Date:</b>	<b>Expiration Date:</b>



**SECTION IV - JOINT BASE GARRISON COMMANDER (JBGC) USE ONLY**

**JBGC CNA Decision (only required for 1i(1) thru 1i(4))**

<input type="checkbox"/> Approved; Date: _____  <input type="checkbox"/> Disapproved; Date: _____  <input type="checkbox"/> Remarks:   Approved From _____ to _____	Signature: _____ Printed Name: _____  Commanding
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**SECTION V - HOUSING DIVISION (HD) USE ONLY**

**CNA Certificate Issuance - Reasons 1i(1) thru 1i(4)**

<b>HSO Briefing:</b>	Date Completed: _____	Staff Initials: _____	
<b>HD Certifying Officer:</b>	Current JBLM permanent party barracks resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Printed Name: _____	
<b>CNA Certificate Approved:</b>	<b>Number:</b>	<b>Effective Date:</b>	<b>Expiration Date:</b>

**UNIT POC NOTIFIED OF CNA APPROVAL/DISAPPROVAL**

<b>DATE UNIT POC NOTIFIED:</b>	<b>HOUSING DIVISION STAFF INITIALS:</b>

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