



Application for Housing

SPONSOR				
Name: (Service Member)		SSN:	Active Duty Date: (MM-DD-YY)	
DOB: (MM-DD-YY)	Branch of Service:	Rank/Pay grade:	Date of Rank: (MM-DD-YY)	
Installation Assignment/ Squadron:		Work E-Mail:	Alternate E-Mail:	
Home Phone:	Duty Phone:		Cell Phone:	
Last Assignment:				
Current Address:		City:	State:	Zip Code:
				Lease Exp:
Home of record Address:		City:	State:	Zip Code:
Status of Applicant: Marital Status _____ Total Number Of Occupants _____ Estimated BAH Rate _____ Dual Military _____ If yes, Service Member's Name _____ Squadron _____ SSN _____ Branch of Service _____ Rank _____ DOR _____ Active Duty Date _____ Do you have pets? _____ If yes, How Many? _____ Type: _____ Breed, If Dog: _____ Weight: _____ (Maximum of 2 Pet Per House Hold) Type: _____ Breed, If Dog: _____ Weight: _____				
FAMILY MEMBERS				
Name:			Relationship:	
VEHICLE				
Make:	Model:	Year:	Color:	State
EMERGENCY CONTACT				
Name:		Relationship:	Phone Number:	
THE UNDERSIGNED AGREES THAT ALL INFORMATION THAT HAS BEEN PROVIDED IS ACCURATE				
Signature:			Date:	
FOR OFFICE USE ONLY				
Eligibility Date: _____		Size: 2 BR <input type="checkbox"/> 3BR <input type="checkbox"/> 4BR <input type="checkbox"/>	Housing Qualified For: _____	
Signature of Housing Management:			Date:	

Privacy Act Notice: AUTHORITY: 10 USC 2871 et se.; PRINCIPAL PURPOSE: To establish occupancy and facility records in privatized MFH and operate privatized housing; ROUTINE USES: See principal purpose; DISCLOSURE IS VOLUNTARY: You are not required to sign this statement. Release of this information is purely voluntary. However; the project owner needs the information and failure to release the requested information will result in our inability to assist you.