

APPLICATION FOR HOUSING ASSIGNMENT

PRIVACY ACT STATEMENT

PRINCIPAL PURPOSE: To identify customer needs for assistance and housing requirements.
 DISCLOSURE: Voluntary; however, failure to provide the requested information will result in our inability to assist you.

SECTION I APPLICANT INFORMATION					
LAST NAME:	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH (MM-DD-YY)	DATE OF RANK (MM-DD-YY)	ENLISTMENT DATE:
ADDRESS (PREVIOUS OR HOME OF RECORD): STREET			CITY	STATE	ZIP CODE
PAY GRADE	BRANCH OF SERVICE		SOCIAL SECURITY NUMBER		DATE HOUSING NEEDED (MM-DD-YY)
TELEPHONE# (HOME):	TELEPHONE# (DUTY):	TELEPHONE# (MOBILE):		E-MAIL ADDRESS	
YOUR MIL. SPONSOR'S NAME:	YOUR MIL. SPONSOR'S PHONE NUMBER:	REPORT NLT DATE:		PROMOTABLE ? (DO YOU HAVE A LINE #)	

STATUS OF APPLICANT: (X one)

MARITAL STATUS: _____ TOTAL NUMBER OF OCCUPANTS: _____

DUAL MILITARY: _____ ESTIMATED BAH RATE: \$ _____

IF YES, SERVICE MEMBERS NAME: _____ PAY GRADE: _____ BRANCH OF SERVICE: _____

ORGANIZATION / UNIT TRANSFERRED FROM: _____

ORGANIZATION / UNIT TRANSFERRED TO: _____

DO YOU HAVE PETS? _____ How Many: 0 Type: _____ Weight: _____ Lbs

(MAXIMUM OF 2 PETS PER HOUSEHOLD)

SECTION II VEHICLE INFORMATION		
TYPE / MAKE	MODEL	LICENSE PLATE NUMBER / POST DECAL
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SECTION III DEPENDENT DATA (Proof of Date of Birth will be required)				
DEPENDENTS RESIDING WITH MILITARY MEMBER: (If more space is needed, continue on back)				
NAME First name - Middle Initial - Last name	RELATIONSHIP	GENDER	DATE OF BIRTH (MM-DD-YY)	SOCIAL SECURITY #

SECTION IV EMERGENCY CONTACT INFORMATION					
NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE
EFMP FAMILY MEMBER? _____					
SPECIAL REQUESTS / COMMENTS: (Pertaining to Housing Assignments or BAH matters)					

SIGNATURE OF APPLICANT / DATE					

SECTION V DISPOSITION (To be completed by Housing Office)	
DATE APPLICATION RECEIVED _____	ELIGIBILITY DATE: _____
HOUSING QUALIFIED FOR: _____	SIZE: <input type="checkbox"/> 2 BR <input type="checkbox"/> 3 BR <input type="checkbox"/> 4 BR Other: _____
DATE HOUSING ASSIGNED: _____	ADDRESS ASSIGNED: _____
_____	_____
SIGNATURE OF HOUSING CONSULTANT	DATE