



ONE MISSION. ONE COMMUNITY.

APPLICATION FOR HOUSING ASSIGNMENT

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

SECTION I APPLICANT INFORMATION

LAST NAME: (SERVICE MEMBER INFO)		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH (MM-DD-YY)	DATE OF RANK (MM-DD-YY)	ENLISTMENT DATE
CURRENT ADDRESS			STREET	CITY	STATE	ZIP CODE
LEASE EXPIRATION		PAY GRADE		BRANCH OF SERVICE	SOCIAL SECURITY NUMBER	
DATE HOUSING NEEDED (MM-DD-YY)		TELEPHONE#(HOME)		TELEPHONE#(DUTY)	TELEPHONE#(MOBILE)	E-MAIL ADDRESS
ORGANIZATION / UNIT TRANSFERRED FROM			ORGANIZATION / UNIT TRANSFERRED TO		REPORT NLT DATE	DO YOU HAVE A LINE # ?

STATUS OF APPLICANT:
 MARITAL STATUS _____ TOTAL NUMBER OF OCCUPANTS _____ ESTIMATED BAH RATE: _____
 DUAL MILITARY? _____ IF YES, SERVICE MEMBERS NAME _____
 SSN _____ BRANCH OF SERVICE _____ PAY GRADE _____ DUTY STATION _____
 DO YOU HAVE PETS? _____ HOW MANY: _____ TYPE: _____ BREED, IF DOG: _____ WEIGHT: _____
 (MAXIMUM OF 2 PETS PER HOUSEHOLD) TYPE: _____ BREED, IF DOG: _____ WEIGHT: _____

SECTION II VEHICLE INFORMATION

TYPE / MAKE	MODEL	LICENSE PLATE NUMBER / POST DECAL
TYPE / MAKE	MODEL	LICENSE PLATE NUMBER / POST DECAL

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 #	EFMP FAMILY MEMBER?

SECTION IV EMERGENCY CONTACT INFORMATION

NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE
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SPECIAL REQUESTS / COMMENTS (Pertaining to Housing Assignments or BAH matters) :

SECTION V SIGNATURE

 SIGNATURE OF APPLICANT DATE

SECTION VI DISPOSITION (To be completed by Military Housing Office)

DATE APPLICATION RECEIVED _____	ELIGIBILITY DATE: _____
HOUSING QUALIFIED FOR: _____	SIZE: † 2 BR † 3 BR † 4 BR Other: _____
_____ SIGNATURE OF HOUSING CONSULTANT	_____ DATE