APPLICATION FOR ASSIGNMENT TO HOUSING							1. TYPE SERVICE DESIRED (X one or both)					_
(Before co	ent and Instructions on re	verse)		Ī		a. MILITARY	HOUSING	b. HOUSING REFERRA		_		
SECTION I - APPLICANT IN	FORMATION									· ·		_
2. NAME OF SPONSOR (Last, First, Middle Initial)		3. PAY GRADE		4. SSN			5. DOD COMPONENT					
6. ADDRESS (Street, City, State, Zip Code)			7. TELEPHONE	NUMBE	3 8		8. ST <i>A</i>	TUS OF A	PPLICAN	one)	_	
,			a. HOME (Area Code)		b. DUTY (DSN)			a. MILITARY	a. MILITARY MEMBER		c. CIVILIAN	_
							b. MILITARY	SPOUSE		d. FOREIGN NATIONAL	_	
		9. MARITAL STATUS		10.1	AM SEPARATED F	ROM M			(X one		_	
					a. VOLUNTARILY				b. INVOLUN		_	
11. I REQUEST HOUSING FOR (X one)					SECT	SECTION II - MILITARY CAREER INFO						
a. SELF ONLY				14. DATES (Enter in YYMMDD order)			MILITARY A	MILITARY SPOUSE	_			
a. SELF ONLY b. SELF AND DEPENDENTS  12. INSTALLATION/ORGANIZATION TRANSFERRED FR			ROM		a. EFFECTIVE RANK/RATE DATE			,				_
	b. ACTIVE DUTY SERVICE COMPUTATION								_			
			c. TIME REMAINING ON ACTIVE DUTY							_		
13. INSTALLATION/ORGAN			d. EFFECTIVE CHANGE IN DUTY STATION							_		
				ORT DATE	I JIAIION					_		
					f. ESTIMATED FAMILY ARRIVAL DATE							_
SECTION III - DEPENDENT I	DATA				1. L311	MATED FAMILE ANNIVAL	DAIL					_
15. DEPENDENTS RESIDING		(If more space is	needed, continue on pla	in nanor l								_
13. DEI ENDENTS RESIDIN	O WITHINE	(II more space is		П рарег.)								_
a. NAME (Last, First, Middle Initial)		b. DATE OF BIRTH (YYMMDD) c. SEX		d. RELATIONSHIP					n problems, ex nily, etc.)	spected additions to		
												_
												_
												_
CECTION IV HOUSING DA												_
SECTION IV - HOUSING DA	and initial both						** 0014	PLETE IF	DIIAI A	AII ITAD	, 44	_
(AF ONLY) I understand I am only authorized 20 days of TLA from arrival date on island. I must secure housing within the allotted days. Failure to do so may result in out of pocket expenses.  I agree to wait to sign any lease agreements until my command has approved me to reside off-base. I agree to keep the Housing Office updated with any changes to my lease and update my OHA when applicable.					RANK/SERVICE:  FULL SSN:  DOD ID:  DEROS/RTD/PRD:  EMAIL:  ALT EMAIL:  DUTY PHONE:  DATE OF BIRTH:							
21. REMARKS INPRO / APPLY / RELO / A			CELL (MBR):						_			_
DEROS/RTD/PRD:		<del></del>										
DATE OF BIRTH:			DOD ID#:									
DATE OF MARRIAGE:							A I T E A A	A 11				
E-MAIL:        ALT EMAIL:        ALT EMAIL:        ALT EMAIL:												
NAME OF COMMANDER: NUMBER OF DOG(S): BREED(S): //  DSN:												
NAME OF SUPERVISOR: _				DSN:								
22. SIGNATURE OF APPLICANT										TE SUBMI YMMDD)	TTED	
SECTION V - DISPOSITION	(To be complete	d by the Housing Of	fice.)									
a. APPLICATION RECEIVE						7 N28 A 7 7 A 7 DD7 N7D N21 N			. d UOII	1817 - 837 811 - 81	WILLIA (Haves	
a. APPLICATION RECEIVE (YYMMDD and time )				VE (YYMMDD)		C. DD FORM 1747 PROVIDED (YYMMDD)			d. HOUSING AVAILABILITY (BOXES indicated on DD Form 1747)			
e. APPLICANT PLACED ON WAITING LIST f. EFFECTIVE PLACE.			EMENT (YYMMDD)		g. BED	g. BEDROOMS REQUIRED			h. DATE UNIT ASSIGNED (YYMMDD)			
SECTION VI - HOUSING REI	FERRAL CERTI	FICATE			1				1			_
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 Housing Office, (2) the DoD program on equal opportunity for military personnel in off-base housing, and (3) nondiscrimination based on physical or mental handicaps.					In addition, if any facility refuses to rent or sell to me or I have reason to believe I am being discriminated against, I will promptly notify the Housing Office.  25. SIGNATURE OF APPLICANT  26. DATE SIGNED  (YYMMDD)							
o. menta nanaraps.												