

HOUSING TERMINATION - ADVANCE CLEARANCE FORM

RANK/NAME/UNIT:		DOD ID:	
QUARTERS ADDRESS:		PHONE:	
COMMANDER NAME:		PHONE:	
POA (If required) NAME:		SIGNATURE:	
EMAIL:		PHONE:	

1. The below information is provided to support this request (Annotate N/A if not applicable)

PCS/Retirement/Separation Date: _____ Terminal Leave Start Date: _____

Skill Bridge Off Island/In Place Dates: _____ to _____

TMO Pack-Out Date: _____ Flight Date (N/A if retire or separating on island): _____

Pre-Inspection Date: _____ Time: _____ Final Inspection Date: _____ Time: _____

2. I fully understand that this form does not relieve me of my responsibility to properly clear my assigned quarters and is not a substitution for endorsing an out-processing checklist or vMPF. Please initial the following provisions.

_____ I or my POA representative will be present on the date/time of my scheduled quarter's inspection (as indicated in 1e.). Upon completion of the inspection, I will report to the Housing Office to complete my termination of government quarters (i.e., damages, cleaning cost).

_____ I understand that the appointed POA must be present to receive termination instructions at the Kadena Housing Office when submitting POA documentation.

_____ Failure to appear at the clearance inspection will result in myself or the POA being charged for all the resident's requirements, to include but not limited to, cleaning costs and damages to the quarters.

_____ POA must be accepted by **Off Base Housing Agency** in order to be out-processed by Kadena Housing Office. POA will assume all responsibility for all necessary task associated with terminating the home.

3. Attached is a copy of my PCS, separation or retirement orders, approval to retire/separate on island documentation, Out-Processing Checklist and Power of Attorney – POA, and Off-Base Intent to Vacate (if applicable).

MEMBER'S ENDORSEMENT	DATE
OFF BASE ONLY AGENCY'S ENDORSEMENT	ACCEPT
	DECLINE
COMMANDER'S ENDORSEMENT	DATE
KADENA HOUSING'S ENDORSEMENT	DATE