

HOUSING APPLICATION

1. A. MIL HOUSING
2. MIL MBR NAME (SPONSOR) IF MIL TO MIL WHOM EVER HAS THE CHILDREN UNDER THEM
3. PAY GRADE OF SPONSOR
4. FULL SOCIAL/DOD ID
5. BRANCH OF SERVICE
6. PSC BOX ADDRESS (LV BLANK IF PSC BOX HASN'T BEEN ASSIGNED)
7.
 - a. LOCAL PHONE NUMBER ONLY
 - b. LOCAL DSN
8.
 - a. SELECT IF MIL TO CIV
 - b. SELECT IF DUAL MIL (SEL a. AS WELL)
9. MARITAL STATUS
10. AF ONLY (IF COMING FROM A OCONUS LOCATION)
11. SELF AND DEPENDENTS
12. UNIT NAME AND ORG COMING FROM
13. UNIT NAME AND ORG ASSIGNED
14. DATES MUST BE FILL IN FULL
 - a. EFF DATE OF CUR RANK
 - b. DATE ENTERED SERVICE
 - c. END OF ELISTMENT/OFFICERS LEAVE BLANK OR N/A
 - d. CHECKED OUT OF LAST DUTY STATION
 - e. DATE YOU ARRIVED IN OKI
 - f. DATE FAM ARRIVED IN OKI/WILL ARRIVE
15. ALL COMMAND SP DEPS
 - a. NAME
 - b. CHILDRENS AGE
 - c. BIRTH DAY
 - d. SEX
 - e. RELATIONSHIP
 - f. REMARKS (PREG/EFMP)
16. LEAVE BLANK
17. LEAVE BLANK(STICKER ADDED FOR TLA ACKNOWLEDGMENT)
18. LEAVE BLANK
19. LEAVE BLANK
20. LEAVE BLANK
21. INDICATE THE FOLLOWING
 - a. INPRO OR APPLY
 - b. ASA (ALLOWING SPOUSE TO ACCEPT HOUSE)
 - c. DEROS=ROTATION DATE
 - d. FULL DATE OF BIRTH
 - e. FULL DATE OF MARRIAGE
 - f. PERSONAL/SPOUSE/DUTY EMAIL
 - g. NUMBER OF PETS/DOGS MUST PROVIDE BREED
 - h. LOCAL CELL NUMBERS/CAN PROVIDE SPONSORS IF NEEDED
22. SPONSOR SIGN
23. FULL DATE
24.
 - a. DATE APP WAS RCV'D (IF ADV OR DATE OF BRIEF)
 - b. DATE DETACTED FROM LAST BASE
 - c. LEAVE BLANK
 - d. LEAVE BLANK
 - e. CAT (JR/SR/FG/CG)
 - f. LEAVE BLANK
 - g. NUM OF BEDROOMS QAL FOR
 - h. LEAVE BLANK
25. LEAVE BLANK
26. LEAVE BLANK

APPLICATION FOR ASSIGNMENT TO HOUSING				1. TYPE SERVICE DESIRED (if one is blank)	
<i>(Mark a controlling item, and PSC box address and instructions on cover)</i>				a. MILITARY HOUSING	
				b. HOUSING REPERAL	
SECTION I - APPLICANT INFORMATION					
2. NAME OF SPONSOR (Last, First, Middle Initial)		3. PAY GRADE		4. ESN	
5. DOD COMPONENT		6. ADDRESS (Street, City, State, Zip Code)		7. TELEPHONE NUMBER	
8. HOME LEASE CODE		9. DUTY STATION		10. STATUS OF APPLICANT (if one)	
PSC BOX		11. MARITAL STATUS		12. MILITARY MEMBER	
				13. MILITARY SPOUSE	
				14. FOREIGN NATIONAL	
11. I REQUEST HOUSING FOR (if one)		12. I AM SEPARATED FROM MY DEPENDENTS (if one)		SECTION 9 - MILITARY CAREER INFORMATION (Continue onto form 15)	
a. SELF ONLY		b. SELF AND DEPENDENTS		1. VOLUNTARY	
13. INSTALLATION/ORGANIZATION TRANSFERRED FROM		14. DATES (From to Present) (month)		2. MILITARY APPLICANT	
15. INSTALLATION/ORGANIZATION TRANSFERRED TO		a. EFFECTIVE RANK/DATE		3. MILITARY SPOUSE	
		b. ACTIVE DUTY SERVICE COMPUTATION		4. THIS MEMBER ON ACTIVE DUTY	
		c. EFFECTIVE CHANGE IN DUTY STATION		5. EFFECTIVE CHANGE IN DUTY STATION	
		d. PROMOT DATE		6. RESTRICTED TABLE ANNUAL DATE	
SECTION III - DEPENDENT DATA					
16. DEPENDENTS RESIDING WITH ME (if more space is needed, continue on other page)					
a. NAME Last, First, Middle Initial		b. DATE OF BIRTH (Y/M/D)		c. ED	
d. RELATIONSHIP		e. REMARKS (Handicap, health problems, dependent children or family size)			
SECTION IV - HOUSING DATA					
17. COMMUNITY HOUSING DESIRED (if applicable)					
a. PURCHASE HOUSE		b. RENT HOUSE		c. RENT MOBILE HOME SPACE	
d. PURCHASE CONDOMINIUM		e. RENT APARTMENT		f. ROOM AND BOARD	
g. PURCHASE MOBILE HOME		h. RENT MOBILE HOME		i. TRAILER	
18. ADVERTISEMENTS DESIRED (if applicable, Write number, etc. and a.)					
a. ADVERTISEMENTS		b. 30 DAY		19. DATE HOUSING NEEDED (Y/M/D)	
c. UNFURNISHED		d. PETS Allowed		20. PRICE RANGE (Community Housing)	
e. AIR CONDITIONERS		f. Other (Specify)		21. LOCATION PREFERENCE (Community Housing)	
g. NO BEDROOMS					
22. PREFERRED					
INFO / APPLY / RELO: ASA or DO NOT ASA			MIL SPOUSE NAME:		
DEROS/RTD/PRD:			CELL (CGR):		
DATE OF BIRTH:			FULL SSN:		
DATE OF MARRIAGE:			CELL (SPOUSE):		
E-MAIL:			DEROS/RTD/PRD:		
PETS: NUMBER OF CATS:			UNIT SQ E-DUTY PHONE:		
NUMBER OF DOGS:			DATE OF BIRTH:		
BREED(S):			E-MAIL:		
23. COGNITION OF APPLICANT (Y/M/D)			24. DATE SUBMITTED (Y/M/D)		
SECTION V - DISPOSITION (To be completed by the Housing Office)					
25. MILITARY HOUSING					
a. APPLICATION EFFECTIVE (Y/M/D)		b. APPLICATION EFFECTIVE (Y/M/D)		c. TO HOME (Y/N) (Y/M/D)	
d. APPLICATION PLACED ON WAITING LIST		e. EFFECTIVE PLACEMENT (Y/M/D)		f. HOUSING EFFECTIVE (Date Applied on DD Form 1746)	
g. SPOUSAL REQUIRED		h. SPOUSAL REQUIRED		i. DATE LAMP RECEIVED (Y/M/D)	
SECTION VI - HOUSING REPERAL CERTIFICATE					
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 DED program on equal opportunity for military personnel in on-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.	
SIGNATURE OF APPLICANT				26. DATE SIGNED (Y/M/D)	