MEMORA	NDUM FOR RECORD	
FROM:		· - -
TO:	Housing Management Office (HMO) 99 CES / CEIH Nellis Air Force Base, NV 89115	
SUBJECT:	MILITARY PRIVATIZED HOUS PHYSICAL CUSTODY STATEM	SING AUTHORIZATION – DEPENDENT(S) MENT
name(s) is/a	re listed below, reside(s) with me or	, hereby testify that my dependent(s) whose a full-time basis (Controlling Physical Custody)
This testimome and my of in a Mil-to-N	ony is in conjunction with the applic ex-spouse whose name and contact	able divorce decree and/or agreement between information is stated herewith. Be it known that all not be eligible to claim the same dependent(s)
Name of De	ependent(s):	
1.)		3.)
2.)		4.)
Information	n of Noncustodial Parent:	
Name:		
Phone Num	ber:	
Address: _		
SPONSOR	<u>:</u>	NONCUSTODIAL PARENT:
Name:		Name:
Signature: _		Signature:
Date:		Date:
Notary Seal & Stamp below:		Notary Seal & Stamp below: