

HOUSING REFERRAL CERTIFICATE OF ELIGIBILITY FOR DMAFB

Name: _____ **Rank:** _____ **Time in Srv: Yrs** _____ **Mo.** _____ **Branch** _____

Ph: Duty _____ **Home/Cell** _____ **Email:** _____

Applied by: SHC Website DD 1746 Walk-in Eligibility DATE _____

STATUS	
Active Duty assigned to DMAFB (ID required) Yes <input type="checkbox"/> No <input type="checkbox"/>	Organization _____
6 mos retainability at DMAFB or as noted in remarks Yes <input type="checkbox"/> No <input type="checkbox"/>	Remarks _____
Married Yes <input type="checkbox"/> No <input type="checkbox"/> Mil to Mil Yes <input type="checkbox"/> No <input type="checkbox"/>	Number of Dependent Children _____
Are you currently assigned to the Dorms? Yes <input type="checkbox"/> No <input type="checkbox"/>	Accompanied by Dependents Yes <input type="checkbox"/> No <input type="checkbox"/>
Coming from Tech School? Yes <input type="checkbox"/> No <input type="checkbox"/>	Remarks _____
Coming from UDR? Yes <input type="checkbox"/> No <input type="checkbox"/>	Report Date _____ Remarks _____
Pending Marriage within 60 days Yes <input type="checkbox"/> No <input type="checkbox"/>	Date _____ Remarks _____
Out processed your last base? Yes <input type="checkbox"/> No <input type="checkbox"/>	Projected Out Process Date _____
Copy of Orders Attached Yes <input type="checkbox"/> No <input type="checkbox"/>	Remarks _____
Are you currently in Local Lease Yes <input type="checkbox"/> No <input type="checkbox"/>	Termination Date _____

OTHER ELIGIBLE TENANTS (OET) - Lease will be for one year. At lease termination, the move will be at your own expense. _____ (initial)

- Other Active Duty Members of the Uniformed Services/Families INCLUDING UNACCOMPANIED
 - National Guard and Reserve Military Members/Families (orders and ID required)
- Branch of the Service _____ Organization _____ Remarks _____
- Federal Civil Service Employees (orders, SF 50, civil service ID required)
 - Retired Military Members/Families (retirement orders and/or DD 214, retired military ID required)
 - Retired Federal Civil Service Employees (civil service retired ID required)
 - Department of Defense Contractors/Permanent Employees (US Citizens) - TBD
 - General Public - TBD

Eligible for PH: Yes No **Housing Rep Signature:** _____ **Date** _____ **Time** _____

(Read & Initial each space below)

Housing Choice: Military members have freedom of choice in selecting where they want to live, however, there are persons who must reside on base - Key or Mission Essential and unaccompanied Enlisted members E-4 and below with less than 3 years in service.

Local Moves to Privatized Housing (PH): Active duty members assigned to Davis-Monthan AFB are authorized a ONE-TIME short distance government paid move from the local community into PH after PCSing to DMAFB.

c Proceed to the Housing Management Office (HMO) for moving orders once you accept a home from Soaring Heights so you have sufficient time to schedule your move with TMO. HMO must issue moving orders BEFORE you proceed with your carrier or duty move or reimbursement cannot be issued. Any subsequent moves are not funded by the Air Force.

c A move from one privatized home to another is a voluntary move and is paid for by the military member and NOT the Air Force. Storage of

Excess Household Goods (insufficient space)

c Active duty members assigned to DM AFB moving into PH are authorized to store items that are unusable due to design configuration or insufficient space in the housing unit. **Authorized items** – furniture items. **Not Authorized** – accessory household items, i.e., vacuum cleaners, other minor appliances and machinery, trash cans, car parts, building materials, suitcases, clothes, linens, books, boxes, small rugs, toys, and other assorted small items. The member must submit a list of authorized items to be stored within 30 days after housing assignment. HMO has final approval of items to be stored IAW AFI 32-6001, and they will prepare orders for the member to submit to TMO for storage at government expense. If member vacates PH prior to PCS, separation or retirement, storage costs will no longer be funded.

HMO and the Housing Referral Office (HRO) provide other services to assist active duty members which include off-base housing referral, dispute resolution, housing discrimination complaints, and assistance for unique housing concerns or issues.

Applicant's Signature: _____ **Date:** _____

APPLICATION FOR ASSIGNMENT TO HOUSING <small>(Before completing form, read Privacy Act Statement and Instructions on reverse)</small>				1. TYPE SERVICE DESIRED <i>(X one or both)</i>				
		<input type="checkbox"/> a. MILITARY HOUSING	<input checked="" type="checkbox"/> b. HOUSING REFERRAL					
SECTION I - APPLICANT INFORMATION								
2. NAME OF SPONSOR <i>(Last, First, Middle Initial)</i>		3. PAY GRADE	4. SSN	5. DOD COMPONENT				
6. ADDRESS <i>(Street, City, State, Zip Code)</i>		7. TELEPHONE NUMBER		8. STATUS OF APPLICANT <i>(X one)</i>				
		a. HOME (Area Code)	b. DUTY (DSN)	<input type="checkbox"/> a. MILITARY MEMBER	<input type="checkbox"/> c. CIVILIAN			
		9. MARITAL STATUS		10. I AM SEPARATED FROM MY DEPENDENTS <i>(X one)</i>				
				<input type="checkbox"/> a. VOLUNTARILY	<input type="checkbox"/> b. INVOLUNTARILY			
11. I REQUEST HOUSING FOR <i>(X one)</i>			SECTION II - MILITARY CAREER INFORMATION <i>(Civilians skip to Item 15.)</i>					
<input type="checkbox"/> a. SELF ONLY	<input type="checkbox"/> b. SELF AND DEPENDENTS		14. DATES <i>(Enter in YYYYMMDD order)</i>	MILITARY APPLICANT	MILITARY SPOUSE			
12. INSTALLATION/ORGANIZATION TRANSFERRED FROM			a. EFFECTIVE RANK/RATE DATE					
			b. ACTIVE DUTY SERVICE COMPUTATION					
			c. TIME REMAINING ON ACTIVE DUTY					
			13. INSTALLATION/ORGANIZATION TRANSFERRED TO			d. EFFECTIVE CHANGE IN DUTY STATION		
						e. REPORT DATE		
						f. ESTIMATED FAMILY ARRIVAL DATE		
SECTION III - DEPENDENT DATA								
15. DEPENDENTS RESIDING WITH ME <i>(If more space is needed, continue on plain paper.)</i>								
a. NAME <i>(Last, First, Middle Initial)</i>	b. DATE OF BIRTH <i>(YYYYMMDD)</i>	c. SEX	d. RELATIONSHIP	e. REMARKS <i>(Handicap, health problems, expected additions to family, etc.)</i>				
SECTION IV - HOUSING DATA								
16. COMMUNITY HOUSING DESIRED <i>(X as applicable)</i>								
<input type="checkbox"/> a. PURCHASE HOUSE	<input type="checkbox"/> d. RENT HOUSE	<input type="checkbox"/> g. RENT MOBILE HOME SPACE	<input type="checkbox"/> j. ROOM AND BOARD					
<input type="checkbox"/> b. PURCHASE CONDOMINIUM	<input type="checkbox"/> e. RENT APARTMENT	<input type="checkbox"/> h. SHARE	<input type="checkbox"/> k. SUBLET					
<input type="checkbox"/> c. PURCHASE MOBILE HOME	<input type="checkbox"/> f. RENT MOBILE HOME	<input type="checkbox"/> i. RENT ROOM	<input type="checkbox"/> l. TRANSIENT					
17. AMENITIES DESIRED <i>(X as applicable. Write number in d. and e.)</i>			18. DATE HOUSING NEEDED <i>(YYYYMMDD)</i>		19. PRICE RANGE <i>(Community Housing)</i>			
<input type="checkbox"/> a. FURNISHED	<input type="checkbox"/> e. NO. BATHS	20. LOCATION PREFERENCE <i>(Community Housing)</i>						
<input type="checkbox"/> b. UNFURNISHED	<input type="checkbox"/> f. PETS <i>(Allowed)</i>							
<input type="checkbox"/> c. AIR CONDITIONING	<input type="checkbox"/> g. OTHER <i>(Explain)</i>							
<input type="checkbox"/> d. NO. BEDROOMS								
21. REMARKS								
I GIVE THE HOUSING OFFICE PERMISSION TO RELEASE MY INFORMATION TO THE PROPERTY OWNER.								
22. SIGNATURE OF APPLICANT				23. DATE SUBMITTED <i>(YYYYMMDD)</i>				
SECTION V - DISPOSITION <i>(To be completed by the Housing Office.)</i>								
24. MILITARY HOUSING								
a. APPLICATION RECEIVED <i>(YYYYMMDD and time)</i>	b. APPLICATION EFFECTIVE <i>(YYYYMMDD)</i>	c. DD FORM 1747 PROVIDED <i>(YYYYMMDD)</i>	d. HOUSING AVAILABILITY <i>(Boxes indicated on DD Form 1747)</i>					
e. APPLICANT PLACED ON WAITING LIST	f. EFFECTIVE PLACEMENT <i>(YYYYMMDD)</i>	g. BEDROOMS REQUIRED	h. DATE UNIT ASSIGNED <i>(YYYYMMDD)</i>					
SECTION VI - HOUSING REFERRAL 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 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 <i>(YYYYMMDD)</i>			

APPLICATION FOR ASSIGNMENT TO HOUSING

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 5911 & 5912.
PRINCIPAL PURPOSE: To identify customer needs for assistance and housing requirements.
ROUTINE USE: None.
DISCLOSURE: Voluntary; however, failure to provide the requested information will result in our inability to assist you.

GENERAL INSTRUCTIONS

This form provides the Housing Office with information that will be used to provide you with military and/or community housing. **All items not listed are self-explanatory.** SECTION I (APPLICANT INFORMATION), SECTION II (MILITARY CAREER INFORMATION), SECTION III (DEPENDENT DATA), AND SECTION VI (HOUSING DATA) are to be completed by the applicant. Information on military spouses is now being requested for Basic Allowance for Quarters (BAQ) entitlement which must be included on your Military Pay Order that is forwarded to your respective financial center.

1. TYPE SERVICE DESIRED

Military Applicants: If temporary community housing is desired while awaiting military housing, mark both boxes in Item 1, and answer all questions.

Civilian Applicants: Mark the box "Housing Referral" services in Item 1b, and answer all questions.

SECTION I - APPLICANT INFORMATION

5. DOD COMPONENT

Army, Navy, Air Force, etc.

6. ADDRESS

Enter complete current address (*street number and name, apartment number, city, state/country and the 9-digit ZIP code*).

12. INSTALLATION/ORGANIZATION TRANSFERRED FROM

Enter the name of the installation you transferred from.

13. INSTALLATION/ORGANIZATION TRANSFERRED TO

Enter the name of the installation to which you are applying for housing. Include the name of the Organization/Department you will be assigned to.

SECTION II - MILITARY CAREER INFORMATION

14. DATES (*Military Applications/Military Spouse Only*)

Enter dates in order of YYMMDD. (*May 17, 1993, would be entered as 930517*).

- Enter the date your current rate/rank was effective.
- Enter your active duty service computation date.
- Enter the time (*in months*) that you have remaining on active duty.
- Enter the effective date you were dropped from accountability at your previous duty station and gained on the rolls at your new duty station for record purposes. For overseas assignment, enter your date of departure from CONUS.
- Enter your official report date (*from your PCS orders*).
- Enter your estimated arrival date.

SECTION III - DEPENDENT DATA

15. DEPENDENTS RESIDING WITH ME

a. through d. List requested data for all authorized dependents who will be residing with you.

e. Provide the Housing Office with information regarding any handicapped dependent or special family health problems that might influence your preference for a particular type of housing; *i.e., single level vs. two story, ramps for wheelchairs, expected additions to family, etc.*

SECTION IV - HOUSING DATA

16-21. Self-explanatory.

22. SIGNATURE

The applicant must sign the DD Form 1746.

23. DATE SUBMITTED

Enter the date the application was submitted to the Housing Office.

SECTION V - DISPOSITION (*To be completed by the Housing Office*)

24. MILITARY HOUSING

- Application Received.** Enter the year, month, day and time the application was received in the Housing Office.
- Application Effective.** Enter the date of change of duty station (*Line 14d*) or other date that will be the effective (*control*) date.
- DD Form 1747 Provided.** Enter the date that the DD Form 1747 was sent to the military applicant.
- Housing Availability.** Enter the item letter for the applicable box(es) marked under Item 4 of the DD Form 1747 returned to the applicant.
- Applicant Placed on Waiting List.** Enter the identification of the assignment waiting list(s) to which the applicant is placed.
- Effective Placement.** The effective date and time of the applicant's placement on the list(s).
- Bedrooms Requirement.** Enter the number of bedrooms required, based on dependent data in Item 15.
- Date Unit Assigned.** Enter the date the unit was assigned.

SEX OFFENDER DISCLOSURE AND ACKNOWLEDGEMENT

Attach to application for military, government-managed and privatized housing

I, **(print name)** _____, have read and understand the policy. By signing this document, I certify under a penalty of perjury that neither I nor any person living in my household is a registered sex offender or required to register as a sex offender. I understand I am required to notify the installation housing office immediately if circumstances change so that this certification is no longer true. I understand the policies, procedures and consequences below apply to those persons who will reside with me, all of whom are listed on the DD Form 1746, ***Application for Assignment to Housing.***

POLICIES

Air Force Installations requires full disclosure from persons applying for military, government-managed or privatized housing who are sex offenders or who intend to have dependents who are sex offenders reside with them.

If you, or an authorized dependent who will reside with you, are found to be registered or are required to register as a sex offender under the laws of any state, you could be denied residency in Air Force military, government-managed and privatized housing.

If you, anyone living in your household or visitor is found to be a sex offender after you take occupancy, you may be subject to eviction and/or barmment from the Installation.

Installation Commanders are authorized to approve or disapprove applications from persons for residency in military, government-managed and privatized housing when they or another prospective resident of the home is a sex offender.

PROCEDURES

Applicants who cannot sign this form because they or a dependent who will reside in the home with them is a sex offender will be required to submit written information and documentation, which may include but is not limited to the following, in order to be considered for housing by the Installation Commander:

1. Whether the sex offender is the military member, civilian or dependent
2. Nature and circumstances of the offense
3. Exact criminal statute or law under which the person was convicted
4. State or jurisdiction where the offense occurred and was adjudicated
5. Elapsed time since the offense was committed
6. Age of the offender at the time the offense was committed
7. Age of the victim at the time the offense was committed
8. Evidence that tends to demonstrate offender's rehabilitation, exemplary conduct, or other commitment to obeying the law
9. Whether the conviction requiring registration has been reversed, vacated, or set aside, or if the registrant has been granted unconditional pardon of innocence for the offense requiring registration
10. Conditions of parole/probation or monitoring, if any

CONSEQUENCES

Falsification of this form or any other information pertaining to your criminal history or sexual offenses will result in immediate denial of your application for or retention of military, government-managed or privatized housing.

Signature of Applicant

Date

PRIVATIZED HOUSING (PH) BRIEFING SHEET

This checklist is prepared to ensure that you are briefed on PH policies and procedures.

Housing Management Office (HMO) Services: 8090 E. Ironwood St, (520) 228-5705/3687

- a. Referral to privatized housing
- b. Problem resolution with Soaring Heights Community
- c. Government-paid local move/storage
- d. Process advance applications for outgoing personnel

Privatized Housing (PH): Soaring Heights Communities (SHC), 8090 E. Ironwood St, (520) 745-5024

1. Local Moves: Local moves from community housing to PH are paid on a **one-time basis after PCS**. To perform a government paid move, please contact HMO to **obtain an AF Form 150 prior to moving your household goods**. If you have previously resided in PH, you might not be authorized a government paid move (move will be at member's expense). If funded AF Form 150 is issued and **NOT USED in 10 days, you must notify the HMO immediately to avoid cancellation**.
2. Storage of Excess Household Goods (HHG): Member is entitled to government paid storage of HHG (furniture items only) as a result of insufficient space while occupying PH. Request must be made **within 30 days of assignment to PH**.
3. Rental Rate/Payment: The monthly rental rate will equal the military members with dependent rate BAH. Military married to military will be the senior ranking member's with dependent rate BAH. Rent must be paid by allotment to SHC.
4. Renters Insurance: Service member is encouraged to obtain renter's insurance based upon their own assessment to protect their interest.
5. Utility Billing: Specifics on utility billing will be briefed by SHC.
6. Lease: The occupant must sign a one-year lease (month to month after initial year) and must provide **30 days** written notice for termination of quarters due to PCS, separation, retirement, deployment, or voluntary move. No security deposit or application fees will be required for active duty military personnel.
7. Washer/Dryers: There are no washer or dryers in the home and there is no laundromat on base. The homes have washer and dryer hookups.
8. Pets: A non-refundable \$200 pet fee will be required. **Pets are limited to two domestic pets per household**. Any animal demonstrating aggressive behavior may be removed from PH. Check with SHC regarding pet policies and breed restrictions.
9. Operating Private Business/Day Care in PH: Residents desiring to provide day care and operate private businesses in PH must obtain written approval from SHC and subsequently the installation commander. Approval must be obtained prior to start of business. For additional guidance regarding Family Day Care, contact Family Day Care Office at 228-2201.
10. Entitlement Change: Any entitlement change (promotion/demotion or change in number of dependents) must be reported to SHC.
11. All residents are required to register privately-owned firearms at the 355 SFS armory, building 1358, **AF Form 1314 (Firearms Registration) and DD Form 2760 (Qualifications to Possess Firearms or Ammunition)** these forms must be submitted to SHC, they have these forms available for you. Under no circumstances will any person(s) store loaded weapons on DMAFB. Sale, purchase, and/or distribution of weapons are strictly prohibited on DMAFB. If you have any questions, please contact 355 SFS at **228-7992/7993/5878**.

Member's Signature

Housing Counselor

Date