

**APPLICATION FOR ASSIGNMENT TO THE  
RENTAL PARTNERSHIP PROGRAM**

NAME (Last, First, Middle Initial)	RANK	SSN Last 4	BRANCH OF SERVICE
SVC Date		Reservist: yes <input type="checkbox"/> no <input type="checkbox"/>	
MARRIED <input type="checkbox"/>	MILITARY SPOUSE <input type="checkbox"/>	DATE OF BIRTH	WORK NUMBER
SINGLE <input type="checkbox"/>		HOME NUMBER	
SQUADRON	NEW ADDRESS		

**FAMILY MEMBERS/OTHERS RESIDING IN UNIT**

NAME (Last, First, Middle Initial)	DATE OF BIRTH	SEX	RELATIONSHIP
PETS	WEIGHT (Dogs only)		TYPE (Breed)

**VERIFICATION OF ELIGIBILITY**

**\* AD Reservist can't set up My Pay Allotments; participation in RPP is at property managers discretion!**

Member is eligible for all available rentals on the Rental Partnership Program that do not exceed \$\_\_\_\_\_ (BAH rate) per month in rent.

I hereby understand through my participation in the MOODY AFB GA Rental Partnership Program that my signed lease will be for 6 or 12 months under the terms of the Agreement between MOODY AFB GA and the approved landlord.

In the event I receive a Government directed move (i.e., PCS, early release, or retirement), my lease may be terminated with proper 30-day written notice.

As a condition for no security deposit and other benefits, I understand that I must execute an allotment to have rental payments made directly to the landlord through MAC and My Pay. \* see above

\_\_\_\_\_  
Military Member's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Housing Representative's Signature

\_\_\_\_\_  
Date

**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 the inability to assist you.

## STATEMENT OF UNDERSTANDING

1. In the event I experience discrimination by the off-base housing community, I have been counseled about filing a complaint with the Housing Office.
2. I understand that to participate in this program I must be on active duty, eligible to initiate an allotment, and provide proof of at least 6 to 12 months remaining in the area (copy of orders, extension, re-enlistment, and LES).
3. I understand that it is my responsibility to visit each community I am interested in before making a final selection. Policies, rules and/or regulations may vary with each community and it is necessary for me to inquire with each site manager.
4. Once I make a selection, I understand the manager will give me a letter of intent. I will be required to sign a rental lease agreement. I may also be required to pay a reservation fee to the complex I have selected. If I decide not to take the apartment for any reason except for qualifying, the reservation fee will be forfeited.
5. I understand that I must go to the Housing Office to process allotment paper work and access online via the My Pay system to process my rental allotment. I will be required to pay my rent directly to the Property Manager on the first of the month until my allotment begins.
6. I understand that I will complete a check-in inspection within 5 days of moving in and will give a copy to the Property Manager. The Property Manager and I will complete a checkout inspection within 3 days of vacating. I may request a housing representative to be present during any inspection. I understand that I will be responsible for any damages found during the checkout inspection. In addition, I am required to leave a forwarding personal address and/or command address at the time of termination and notify the Housing Office.
7. I understand that it takes approximately 30 days to stop an allotment. Once I have completed a full term and I decide not to continue or am no longer eligible for the Rental Partnership Program, I will cancel my allotment and notify the Housing Office.
8. I understand that if there are any changes in my rent, my allotment will be changed in My Pay and I will go to the Housing Office for notification to MAC. If MAC doesn't receive a notification when there is an increase, they hold the extra money and charge the member a fee for money left sitting on account with them.
9. I understand that if I fail to follow any of the above instructions/criteria, my eligibility to participate in this program will be revoked, and any reduced rent and/or waived fees will be owed at that time.

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Military Member's Signature

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Date