APPLICATION FOR ASSIGNMENT TO HOUSING

(Before completing form, read Privacy Act Statement and Instructions on reverse)

1. TYPE SERVICE DESIRED *(X one or both)*

☐ a. MILITARY HOUSING ☐ b. HOUSING REFERRAL

SECTION I - APPLICANT INFORMATION

2. NAME OF SPONSOR *(Last, First, Middle Initial)*	3. PAY GRADE	4. SSN	5. DOD COMPONENT

6. ADDRESS *(Street, City, State, Zip Code)*

7. TELEPHONE NUMBER

a. HOME *(Area Code)*

b. DUTY *(DSN)*

8. STATUS OF APPLICANT *(X one)*

☐ a. MILITARY MEMBER ☐ c. CIVILIAN

☐ b. MILITARY SPOUSE ☐ d. FOREIGN NATIONAL

9. MARITAL STATUS

10. I AM SEPARATED FROM MY DEPENDENTS *(X one)*

☐ a. VOLUNTARILY ☐ b. INVOLUNTARILY

11. I REQUEST HOUSING FOR *(X one)*

☐ a. SELF ONLY ☐ b. SELF AND DEPENDENTS

12. INSTALLATION/ORGANIZATION TRANSFERRED FROM

13. INSTALLATION/ORGANIZATION TRANSFERRED TO

SECTION II - MILITARY CAREER INFORMATION *(Civilians skip to Item 15.)*

14. DATES *(Enter in YYMMDD order)*	MILITARY APPLICANT	MILITARY SPOUSE
a. EFFECTIVE RANK/RATE DATE		
b. ACTIVE DUTY SERVICE COMPUTATION		
c. TIME REMAINING ON ACTIVE DUTY		
d. EFFECTIVE CHANGE IN DUTY STATION		
e. REPORT DATE		
f. ESTIMATED FAMILY ARRIVAL DATE		

SECTION III - DEPENDENT DATA

15. DEPENDENTS RESIDING WITH ME *(If more space is needed, continue on plain paper.)*

a. NAME *(Last, First, Middle Initial)*	b. DATE OF BIRTH *(YYMMDD)*	c. SEX	d. RELATIONSHIP	e. REMARKS *(Handicap, health problems, expected additions to family, etc.)*
				Date of Marriage:

SECTION IV - HOUSING DATA

16. COMMUNITY HOUSING DESIRED *(X as applicable)*

☐	a. PURCHASE HOUSE	☐	d. RENT HOUSE	☐	g. RENT MOBILE HOME SPACE	☐	j. ROOM AND BOARD
☐	b. PURCHASE CONDOMINIUM	☐	e. RENT APARTMENT	☐	h. SHARE	☐	k. SUBLET
☐	c. PURCHASE MOBILE HOME	☐	f. RENT MOBILE HOME	☐	i. RENT ROOM	☐	l. TRANSIENT

17. AMENITIES DESIRED *(X as applicable. Write number in d. and e.)*

☐	a. FURNISHED	☐	e. NO. BATHS
☐	b. UNFURNISHED	☐	f. PETS *(Allowed)*
☐	c. AIR CONDITIONING	☐	g. OTHER *(Explain)*
	d. NO. BEDROOMS		

18. DATE HOUSING NEEDED *(YYMMDD)*

19. PRICE RANGE *(Community Housing)*

20. LOCATION PREFERENCE *(Community Housing)*

21. REMARKS

I authorize release of this information to the privatized contractor. _____ (Initial)

Members Date of Birth:_____

Members Duty E-mail:_____

Home E-mail:_____

I understand that the following breeds (pure or mix) are prohibited in Military Family Housing and Privatized Housing: Pit Bull (American Staffordshire Bull Terrier or English Staffordshire Bull Terrier), Rottweiler, Doberman Pinscher, Chow, and Wolf Hybrids._____ (Initial)

22. SIGNATURE OF APPLICANT

23. DATE SUBMITTED *(YYMMDD)*

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

24. MILITARY HOUSING

a. APPLICATION RECEIVED *(YYMMDD and time)*	b. APPLICATION EFFECTIVE *(YYMMDD)*	c. DD FORM 1747 PROVIDED *(YYMMDD)*	d. HOUSING AVAILABILITY *(Boxes indicated on DD Form 1747)*
e. APPLICANT PLACED ON WAITING LIST	f. EFFECTIVE PLACEMENT *(YYMMDD)*	g. BEDROOMS REQUIRED	h. DATE UNIT ASSIGNED *(YYMMDD)*

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 *(YYMMDD)*

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)*.

a. Enter the date your current rate/rank was effective.

b. Enter your active duty service computation date.

c. Enter the time *(in months)* that you have remaining on active duty.

d. 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.

e. Enter your official report date *(from your PCS orders)*.

f. 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

a. **Application Received.** Enter the year, month, day and time the application was received in the Housing Office.

b. **Application Effective.** Enter the date of change of duty station *(Line 14d)* or other date that will be the effective *(control)* date.

c. **DD Form 1747 Provided.** Enter the date that the DD Form 1747 was sent to the military applicant.

d. **Housing Availability.** Enter the item letter for the applicable box(es) marked under Item 4 of the DD Form 1747 returned to the applicant.

e. **Applicant Placed on Waiting List.** Enter the identification of the assignment waiting list(s) to which the applicant is placed.

f. **Effective Placement.** The effective date and time of the applicant's placement on the list(s).

g. **Bedrooms Requirement.** Enter the number of bedrooms required, based on dependent data in Item 15.

h. **Date Unit Assigned.** Enter the date the unit was assigned.